



Report of Sales Tax Prepayment On Motor Fuel/Diesel Motor Fuel

FT-945/1045

(9/93)

0494

Use this form to report transactions for the period **September 1, 1993, through September 30, 1993, only.**

Sales tax vendor identification number	Business telephone number	Daytime telephone number	Change of Business Information <input type="checkbox"/> Check here if you have changed your business location and have not previously notified us. Enter this new address in the space next to your preprinted address. You must report this, or any other change (name, identification number, mailing address or owner/officer/responsible person information) on either Form DTF-95.1, found in the sales tax return instructions (Form ST-100-1, ST-809-1, ST-810-1), or on Form DTF-95, <i>Change of Business Information</i> . To request Form DTF-95, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.
Legal name	()	()	
DBA			
Street			
City, state, ZIP code			

Use labeled form and return envelope for filing your return.

Registered distributors only - Complete Parts I and II below.

Sellers of motor fuel other than registered distributors - Complete Parts III and IV on the back.

Part I - Computation of Sales Tax Prepayment on Motor Fuel

	Column (a)	Column (b)	Column (c)	Column (d)
	Type of Fuel	Number of Gallons Subject to Tax (see instructions)	Sales Tax Prepayment Per Gallon	Column (b) × Column (c)
Region 1	1 Leaded			
	2 Unleaded			
	3 Premium			
	4 Total (add lines 1, 2 and 3)		× \$084 =	4
Region 2	5 Leaded			
	6 Unleaded			
	7 Premium			
	8 Total (add lines 5, 6 and 7)		× \$068 =	8
9	Gross sales tax prepayment on motor fuel (add lines 4 and 8)			9
10	Credit for sales to exempt purchasers or out-of-state deliveries			10
11	Other credits including casualty losses (see instructions)			11
12	Total credits on motor fuel (add lines 10 and 11; see instructions)			12
13	Net sales tax prepayment due on motor fuel (subtract line 12 from line 9; see instructions)			13

Part II - Computation of Sales Tax Prepayment on Diesel Motor Fuel

	Column (a)	Column (b)	Column (c)	
	Number of Gallons Subject to Tax	Sales Tax Prepayment Per Gallon	Column (a) × Column (b)	
Region 1	14	× \$083 =	14	
Region 2	15	× \$069 =	15	
16	Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)			16
17	Credit for sales to exempt purchasers or out-of-state deliveries			17
18	Credits for casualty losses (see instructions)			18
19	Total credits on diesel motor fuel (add lines 17 and 18)			19
20	Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)			20
21	Total prepaid tax due (add lines 13 and 20)			21
22	Less Promptax payment (attach Monthly Schedule FT)			22
23	Balance Due. Attach check or money order for this amount			23

- Mail your return and payment in the enclosed envelope to the applicable P O box on or before **October 20, 1993**.
- Write on the check or money order your identification number, form number **FT-945/1045** and the period you are reporting, **September 1, 1993 through September 30, 1993**. Make the check or money order payable to **New York State Sales Tax**.
- Do **not** include the sales tax prepayment reported on this return in any other sales tax return, schedule or report.

For Office Use Only

Signature of vendor		
Title	Telephone number ()	Date
Signature of preparer if other than vendor		
Address	Telephone number ()	Date

Part III - Inventory Reconciliation of Motor Fuel — in gallons (not required from Registered 12-A Distributors)

24	Opening inventory of motor fuel (see instructions)		24	
Adjustments to motor fuel inventory:				
25	Purchased in-state	25		
26	Other gain (or loss) to inventory (see instructions)	26		
27	Net (line 25 plus or minus line 26)		27	
28	Motor fuel available for sale (add lines 24 and 27)		28	
29	Motor fuel sold, used or transferred (see instructions)		29	
30	Closing inventory (subtract line 29 from line 28)		30	

Part IV - Supplemental Information

If you are not a registered distributor of motor fuel (Article 12-A), check here and see instructions for attachments required.

If you are a vendor participating in the Promptax program, mail your return to: PROMPTAX — FUEL TAX
 P O BOX 1506
 CHURCH STREET STATION
 NEW YORK NY 10008-1506

If you are a vendor located outside New York State who does not participate in the Promptax program, mail your return to: P O BOX 917
 ALBANY NY 12201-0917

If your place of business is located in the county of:

Mail return to:

Albany	Franklin	Orange	Steuben	
Broome	Fulton	Otsego	St. Lawrence	
Chemung	Greene	Putnam	Sullivan	
Chenango	Hamilton	Rensselaer	Tioga	
Clinton	Herkimer	Rockland	Tompkins	
Columbia	Jefferson	Saratoga	Ulster	
Delaware	Lewis	Schenectady	Warren	
Dutchess	Montgomery	Schoharie	Washington	P O BOX 917
Essex	Oneida	Schuyler		ALBANY NY 12201-0917
New York County with ZIP codes 10001-10019				
Richmond				P O BOX 2058 CHURCH STREET STATION NEW YORK NY 10008-2058
Bronx	Queens			
Kings	Westchester			
New York County with ZIP codes 10020-10285				
				G P O BOX 5464 NEW YORK NY 10087-5464
Nassau	Suffolk			P O BOX 1866 HICKSVILLE NY 11802-1866
Allegany	Erie	Niagara	Seneca	
Cattaraugus	Genesee	Onondaga	Wayne	
Cayuga	Livingston	Ontario	Wyoming	
Chautauqua	Madison	Orleans	Yates	P O BOX 194
Cortland	Monroe	Oswego		BUFFALO NY 14240-0194

If You Need Help. . .

Phone

For forms or publications, call toll free (from New York State only) 1 800 462-8100.

From areas outside New York State, call (518) 438-1073.

For information, call the Business Tax Information Center toll free (from the continental U.S. only) 1 800 972-1233. You can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829).

From areas outside New York State, call (518) 438-8581.

Write

If you need to write, address your letter to:

NYS TAX DEPARTMENT
 TAXPAYER ASSISTANCE BUREAU
 W A HARRIMAN CAMPUS
 ALBANY NY 12227

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.