



Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators

Do **not** attach this report to your sales tax return or use it to report sales or to remit sales tax due. This is an information report, **not** a sales tax return.

Sales tax vendor identification number		Business 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 Form DTF-95, <i>Change of Business Information</i> . To request Form DTF-95, see the numbers listed in the Need Help? box on the back.
Legal name				
DBA				
Street				
City	State	ZIP code		

Use labeled form and return envelope for filing your report.

For the period June 1, 1996, through August 31, 1996, (due September 25, 1996).

- This information report must be filed quarterly by every retail vendor purchasing, selling or using motor fuel or diesel motor fuel. This form should be used to report the requested information for all business locations for which you file sales tax returns under the sales tax identification number indicated above. You must file a separate report, Form FT-943, for each location having a separate sales tax identification number.
- This inventory report must be used to account for motor fuel or diesel motor fuel held at retail service stations (including fixed bases) and is to be filed in addition to any other inventory report required as a result of your other business activities.
- Failing to file this report or willfully filing a false report is a misdemeanor.
- This report must be filed within 25 days of the end of the quarter covered by this report.

Please read the instructions for each part before completing this report.

Part I - Business Description

Check the box(es) which describe(s) your motor fuel or diesel motor fuel business. You may check more than one box.

- 1. Service station operator
- 2. Motor fuel or diesel motor fuel wholesaler or jobber
- 3. Registered distributor of motor fuel #M — _____
- 4. Registered distributor of diesel motor fuel #D — _____
- 5. Registered distributor of kero-jet fuel #K — _____

Part II - Inventory Reconciliation (report by type of fuel)

For lines 1-5 add amounts in columns A, B, C and D and enter totals in column E. Enter figures for diesel motor fuel in column F (for kero-jet fuel, preface the number of gallons with a capital "K").

- Line 1** — Indicate by gallons and type of fuel, the retail service station or fixed base inventory on hand at the beginning of the quarter being reported. The opening inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures do **not** correspond.
- Line 2** — Enter by type, the number of gallons of motor fuel or diesel motor fuel purchased during the quarter or transferred from your non-retail marketing locations to your retail service stations (or fixed bases).
- Line 3** — Add lines 1 and 2 to determine the amount of motor fuel or diesel motor fuel available for sale.
- Line 4** — Enter by type, the number of gallons of motor fuel or diesel motor fuel sold or used during the quarter.
- Line 5** — Subtract line 4 from line 3. The amount entered on line 5 is your closing inventory for the quarter being reported and should also be your opening inventory for the next quarter.

		Motor Fuel				F Diesel Motor Fuel***	
		A Leaded	B Regular Unleaded*	C Mid-grade Unleaded	D Premium Unleaded**	E Total (A + B + C + D)	
1	Opening inventory	gal.	gal.	gal.	gal.	gal.	gal.
2	Additions to inventory (see instruction above)	gal.	gal.	gal.	gal.	gal.	gal.
3	Fuel available for sale (add lines 1 and 2)	gal.	gal.	gal.	gal.	gal.	gal.
4	Fuel sold or used.....	gal.	gal.	gal.	gal.	gal.	gal.
5	Closing inventory (subtract line 4 from line 3).....	gal.	gal.	gal.	gal.	gal.	gal.

* Unleaded fuel includes kerosene compounds and propane.
 ** Premium fuel includes leaded and unleaded premium and aviation gasoline.
 *** Diesel motor fuel is kerosene (including kero-jet), crude oil and middle distillates or motor fuels suitable for use in the operation of an engine of the diesel type.

Part III - Summary of Motor Fuel and Diesel Motor Fuel Purchases

A retail vendor not registered as a motor fuel distributor under Article 12-A must complete this part for motor fuel purchases.

A retail vendor not registered as a diesel motor fuel distributor or kero-jet fuel distributor under Article 12-A must complete this part for diesel motor fuel purchases.

Enter the information requested in columns A through D for all motor fuel or diesel motor fuel purchased during the quarter for sale or use within New York State.

Column A — For motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on either Form FT-935, *Certification of Prepayment of Sales Tax and Payment of Motor Fuel Tax and the Petroleum Business Tax*, or other document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in *Part III* of Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, enter "self" in column A and complete the information requested in columns C and D for that fuel.

For diesel motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on either Form FT-1000, *Certification of Prepayment or Payment of Sales Tax and Payment of the Diesel Motor Fuel Tax and the Petroleum Business Tax*, or other document given to you certifying that the taxes were paid. List all suppliers from whom you purchase diesel motor fuel.

Column B — Enter the street and city address of each supplier listed in column A.

Column C — Indicate the type of fuel purchased by entering **L** (leaded), **U** (regular unleaded), **M** (mid-grade unleaded), **P** (premium unleaded), **D** (diesel) or **K** (kero-jet).

Column D — Enter the total number of gallons for each type of fuel purchased during the quarter from that supplier.

Enter the information requested in columns A through D for those purchases of automotive fuel made in New York State.

A Name and ID Number of Supplier	B Address of Supplier	C Type of Fuel	D Total Gallons Purchased
(Name) ----- (ID number)	-----		
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Attach additional sheets, if necessary, to report all suppliers for the reporting period.

Number of locations — Indicate the number of locations in New York State at which you make **retail** sales of motor fuel or diesel motor fuel and which are covered by this report.

Need Help?

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, you can also call toll free 1 800 462-8100.

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

From areas outside the U.S. and Canada, call (518) 485-6800.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.

Signature of owner or authorized representative		
Title	Telephone number ()	Date
Signature of preparer (if other than vendor)	Telephone number ()	Date