



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

For the period **November 1, 1996**, through **November 30, 1996**, only; due December 20, 1996.

Sales tax vendor identification number 	Business telephone number ( )	Daytime telephone number ( )	<b>Change of Business Information</b> <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 <i>Need Help?</i> box on the back.
Legal name			
DBA			
Street			
City, state, ZIP code			

**Part I - Computation of Sales Tax Prepayment on Motor Fuel — Registered distributors only**

	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)		× \$.082 =	4
Region 2	5 Leaded			
	6 Unleaded			
	7 Premium			
	8 Total (add lines 5, 6 and 7)		× \$.066 =	8
	9 Gross sales tax prepayment on motor fuel (add lines 4 and 8)			9
	10a Credit for sales to exempt purchasers or out-of-state deliveries		10a	
	10b Less refunds previously requested on Form AU-629		10b	
	10c Net credit (subtract line 10b from line 10a)		10c	
	11 Other credits including casualty losses (see instructions)		11	
	12 Total credits on motor fuel (add lines 10c 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 — Registered distributors only**

	Column (a)	Column (b)	Column (c)
	Number of Gallons Subject to Tax	Sales Tax Prepayment Per Gallon	Column (a) × Column (b)
Region 1	14	× \$.081 =	14
Region 2	15	× \$.068 =	15
	16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)		16
	17a Credit for sales to exempt purchasers or out-of-state deliveries		17a
	17b Less refunds previously requested on Form AU-629		17b
	17c Net credit (subtract line 17b from line 17a)		17c
	18 Credits for casualty losses (see instructions)		18
	19 Total credits on diesel motor fuel (add lines 17c 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 PromptTax payment (attach Monthly Schedule FT)		22
	23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount)		23

— Write on the check or money order: Your identification number, form number **FT-945/1045** and the period you are reporting — **November 1, 1996, through November 30, 1996**. 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.

Signature of vendor

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

Address	Telephone number ( )	Date
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For Office Use Only

**Part III - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of motor fuel other than registered distributors only**

24	Opening inventory of motor fuel (see instructions) .....		24	
<b>Adjustments to motor fuel inventory:</b>				
25	Purchased in-state .....	25		
26	Other gain (or loss) to inventory (see instructions).....	26		
27	Net adjustments to inventory (see instructions) .....		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 — Sellers of motor fuel other than registered distributors only**

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

**Use labeled form and return envelope for filing your return.**

**Mail your return and payment on or before December 20, 1996, in the enclosed envelope to the applicable PO box below.**

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	Essex	Oneida	Schuyler	
Allegany	Franklin	Onondaga	Seneca	
Broome	Fulton	Ontario	Steuben	
Cattaraugus	Genesee	Orange	St. Lawrence	
Cayuga	Greene	Orleans	Sullivan	
Chautauqua	Hamilton	Oswego	Tioga	
Chemung	Herkimer	Otsego	Tompkins	
Chenango	Jefferson	Putnam	Ulster	
Clinton	Lewis	Rensselaer	Warren	
Columbia	Livingston	Rockland	Washington	
Cortland	Madison	Saratoga	Wayne	
Delaware	Monroe	Schenectady	Wyoming	
Dutchess	Montgomery	Schoharie	Yates.....	P O BOX 917 ALBANY NY 12201-0917
Erie	Niagara			

New York County with ZIP codes 10001-10019  
 Richmond ..... P O BOX 2058  
 CHURCH STREET STATION  
 NEW YORK NY 10008-2058

Bronx  
 Kings  
 Queens  
 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

**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, 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.