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

For the period February 1, 2000, through February 29, 2000, only; due March 20, 2000. Sales tax vendor identification number Business telephone number Daytime telephone number Change of business information If your mailing address is incorrect on the label and you have not previously Legal name notified us, enter your correct mailing address, exiter your correct maining address. If your mail is forwarded to a paid preparer or you have any other change (name, ID#, physical address, or owner/officer responsible person information) complete Form DTF-95.1s, Change of Business Information for Vendors, found in the Jugaretry or part-purpterly sales DBA Street in the quarterly or part-quarterly sales tax return, or Form DTF-95, Change of Business Information. To request Form DTF-95, call the Business Tax City, state, ZIP code Information Center (see telephone number listed on back of form.) Part I — Computation of sales tax prepayment on motor fuel — registered distributors only Column a Column b Column c Column d Sales tax Number of gallons prepayment Type of fuel Column b x Column c subject to tax (see instructions) per gallon 1 Regular Region 2 Mid-grade 1 3 Premium **4 Total** (add lines 1, 2, and 3) **x** \$.070 = 5 Regular Region 6 Mid-grade 2 7 Premium Total (add lines 5, 6, and 7) **×** \$.054 = 8 9 Gross sales tax prepayment on motor fuel (add lines 4 and 8) ..... 9 11 Other credits including casualty losses (see instructions) ..... 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 Number of gallons subject to tax Column a x Column b Sales tax prepayment per gallon Region 1 14 14 **x** \$.071 = Region 2 15 15 **x** \$.060 = 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 18 18 Credits for casualty losses (see instructions) 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 PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT) ...... 22 23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount) ...... 23 For office use only Write on the check or money order your identification number, form number FT-945/1045, and the period you are reporting: February 1, 2000, through February 29, 2000. Make the check or money order payable to New York State 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 Signature of preparer if other than vendor Telephone number Date Address

Part	III — Inventory reconciliation of motor fuel (in gallons) — sellers of motor fuel other than	registered dis	stribu	tors only
24	Opening inventory of motor fuel (see instructions)		24	
	Adjustments to motor fuel inventory:			
25	Purchased in-state			
26	Other gain (or loss) to inventory (see instructions)			
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)			
30	Closing inventory (subtract line 29 from line 28)		30	
	u are not a registered distributor of motor fuel (Article 12-A), check here 🔲 and see instructions for at	·		
Use labeled form and return envelope for filing your return.  Mail your return and payment on or before March 20, 2000, in the enclosed envelope to the address below.				
All v	vendors, including those located outside New York State, mail your completed return to:	E	3OX 5	ALES TAX PROCESSING 464 'ORK NY 10087-5464
If yo	ou are enrolled in the PrompTax program, please use the preaddressed envelope provided.			

If you are using a private delivery service, address the return envelope to: The Chase Manhattan Bank, NYS Government Tax

## Need help?



**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

Processing, 12 Corporate Woods Blvd. — 4th Floor, Albany NY 12211-2524

For a listing of designated services, see Publication 55, Designated Private Delivery Services.

For business tax information, call the New York State Business Tax Information Center:

1 800 972-1233

For general information:
1 800 225-5829

To order forms and publications:
1 800 462-8100

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



**Fax-on-demand forms:** Forms are available 24 hours a day,

7 days a week. 1 800 748-3676



Internet access: http://www.tax.state.ny.us



## Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



If you need to write, address your letter to:

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