

New York State Department of Taxation and Finance

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

					June 3	30, 20			uly 20, 2000							
Sales tax vendor identification number				Busines	Business telephone number				Daytime telephone number			Change of business information				
Legal na	name ( )									the label and y notified us, ent	address is incorrect on ou have not previously er your correct mailing o your preprinted	/				
DBA										address. If you paid preparer of change (name,	r mail is forwarded to a or you have any other ID#, physical address					
Street									information) co Change of Bus request Form [	r responsible person mplete Form DTF-95, iness Information. To DTF-95, call the Busine						
City, stat	e, ZI	IP code													n Center (see telephon on back of form.)	е
Part I —	Cor	nputation	of sales	tax pre	payme	nt on	motor fue	el — r	registered dis	tribu	itors o	nly				_
		Column a				Column b				Column d						//
			e of fuel		sub		er of gallons ax (see instruc		Sales tax prepayment per gallon		Colui	mn b × Column c				
Region 1		Regular														
		2 Mid-grade														
		Premium														
	1	Total (add	lines 1, 2,	and 3)					× \$.092 =	4	///////					
Region 2		Regular Mid grade														
	_	Mid-grade Premium														
		Total (add	lines 5 6	and 7)					× \$.076 =	///// 8	///////					
				-	t on mo	tor fue	l (add lines a	4 and 8	3)				///	9		<u> </u>
									eries				//	<b>3</b>		//
		<b>Db</b> Refunds previously requested on Fo														
		C Net credit (subtract line 10b from line 10a)					İ									
	11	11 Other credits including casualty losses (see instructions)						าร)		11						
	12	Total credi	ts on mot	or fuel (	add lines	10c an	nd 11; see ins	structio	ons)					12		
	13	Net sales t	ax prepa	yment d	lue on n	notor fu	uel (subtract	t line 12	2 from line 9; see	instru	ctions) .			13		
Part II —	- Co	mputation	of sales	tax pr	epaym	ent or	n diesel m	otor	fuel — regist	ered	distrib	utors only				
			Column	а			C	olumn	ı b			Column c				
		Number	f gallons s	ubject to	tax		Sales tax pre	epayme	ent per gallon		Colu	ımn a × Column b				//
Region 1	14							\$.08		14						
Region 2	15							\$.07		15						<u>//</u>
						sel motor fuel (add lines 14 and 15)								16		///
						asers or out-of-state deliveries							//			
		<b>b</b> Refunds previously requested o											<u> </u>			
		Constitution of the formation of the for														
	18	, ,											///	10		
		19 Total credits on diesel motor fuel (add lines 17c and 18)												19 20 <b>■</b>		_
		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)											<u>⊢</u>	23		_
	on th	ne check or	money o	der you	r identif	ication	number, fo	orm nu	umber <i>FT-945/</i>	1045,	and the	e period you are w York State Sal			ffice use only	
	t inc	lude the sal	es tay nr	enavme	nt renor	ted on	this return	in an	v other sales to	x reti	ırn ech	edule, or report.				
Signature			oo tax pr	Брауть	ПСТОРОГ	100 011	THIO TOTALL	iii aii	y other sales to	ix rott	3111, 0011					
Title									Telephone n	umbe	r	Date				
									( )							
Signature of preparer if other than vendor						Telephone n	umbe	r	Date							
Address									1, ,			1				

Part 1	<ul> <li>III — Inventory reconciliation of motor fuel (in gallons) — sellers of motor</li> </ul>	r fue	l other than registered dis	stribu	itors 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)	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)							
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 July 20, 2000, in the enclosed envelope to the address below.								
All vendors, including those located outside New York State, mail your completed return to:								

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

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

## Need help?



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

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, 1 800 748-3676 7 days a week.



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.

BOX 5464

NEW YORK NY 10087-5464



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 W A HARRIMAN CAMPUS ALBANY NY 12227