



FT-945/1045
(9/00)

New York State Department of Taxation and Finance

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

0701

For the period **September 1, 2000**, through **September 30, 2000**, only; due **October 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 notified us, enter your correct mailing address next to your preprinted 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, <i>Business Tax Account Update</i> . To request Form DTF-95, see <i>Need help?</i> on back of this form).
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 x Column c	
Region 1	1 Regular				
	2 Mid-grade				
	3 Premium				
	4 Total (add lines 1, 2, and 3)			x \$.092 =	4
Region 2	5 Regular				
	6 Mid-grade				
	7 Premium				
	8 Total (add lines 5, 6, and 7)			x \$.076 =	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 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 x Column b	
Region 1	14	x \$.086 =	14	
Region 2	15	x \$.073 =	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 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 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

- Write on the check or money order your identification number, form number **FT-945/1045**, and the period you are reporting: **September 1, 2000, through September 30, 2000**. 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 Telephone number Date
()

Address

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
Adjustments to motor fuel inventory:			
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 October 20, 2000, in the enclosed envelope to the address below.**

All vendors, including those located outside New York State, mail your completed return to: NYS SALES TAX PROCESSING
BOX 5464
NEW YORK NY 10087-5464

If you are enrolled in the **PromptTax 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, 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
W A HARRIMAN CAMPUS
ALBANY NY 12227