



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

For the period **February 1, 2004**, through **February 29, 2004**, only; due **March 22, 2004**.

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 if your name, employer identification number, physical address, or owner/officer/responsible person information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See <i>Need help?</i> on the back.
Legal name			
DBA			
Street			
City, state, ZIP code			

Part I — Computation of sales tax prepayment on motor fuel — registered distributors only

		A	B	C	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)				× \$.109 =	4	
Region 2	5	Regular					
	6	Mid-grade					
	7	Premium					
	8 Total (add lines 5, 6, and 7)				× \$.091 =	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

		A	B	C			
		Number of gallons subject to tax	Sales tax prepayment per gallon	column A X column B			
Region 1	14		× \$.099 =	14			
Region 2	15		× \$.085 =	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: **February 1, 2004, through February 29, 2004**. 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.

Mail your return and payment on or before March 22, 2004, 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
PO BOX 5464
NEW YORK NY 10087-5464**

If you are enrolled in the **PromptTax program**, please use the preaddressed envelope provided.

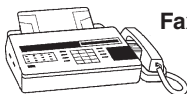
Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on ordering forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, address your return to: JP Morgan Chase, Lockbox, 4 Metrotech Center - 8th Floor West, Brooklyn NY 11245.

Need help?



Internet access: www.nystax.gov
(for information, forms, and publications)



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.
To order forms and publications: 1 800 462-8100
Business Tax Information Center: 1 800 972-1233
From areas outside the U.S. and outside Canada: (518) 485-6800



Hotline for the hearing and speech impaired:
If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. 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 1 800 972-1233.



If you need to write, address your letter to:
NYS TAX DEPARTMENT
BUSINESS TAX INFORMATION CENTER
W A HARRIMAN CAMPUS
ALBANY NY 12227