

New York State Department of Taxation and Finance

Report of Sales Tax Prepayment

On Motor Fuel/Diesel Motor Fuel For the period October 1, 2013, through October 31, 2013, only; due November 20, 2013. Daytime telephone number Sales tax vendor identification number Business telephone number Has your address or business information changed? Legal name To update your mailing address, visit our Web site (see Need help? DBA (doing business as) name in Form FT-945/1045-I, Instructions for Form FT-945/1045) and look for the change my address option Street address for further instructions, or enter your correct address on this form. For complete information, see ZIP code Web File your return at www.tax.ny.gov Parts 1 and 2 — Registered distributors only No activity? — Motor fuel distributors: enter 0 in boxes 3, 8, and 21; diesel motor fuel distributors: enter 0 in boxes, 11, 16, and 21. You must file by the due date even if no tax is due. There is a \$50 penalty for late filing of a no-tax-due-return. Part 1 — Computation of sales tax prepayment on motor fuel — registered distributors only A - Number of gallons subject to tax **B** – Sales tax prepayment per gallon C - Tax due (column A × column B) Region 1 × \$.1475 = 1 Region 2 × \$.140 = 2 3 Gross sales tax prepayment on motor fuel (add lines 1 and 2) 3 Credits: sold to exempt purchasers or exported; loss due to shrinkage, evaporation, or handling; or casualty loss 4a Region 1 total 4a 4b 4b Region 2 total 5 Net credits (add lines 4a and 4b) 5 6 Refunds previously requested on Form AU-629..... 6 7 7 Total credits on motor fuel (subtract line 6 from line 5) 8 Net sales tax prepayment due on motor fuel (subtract line 7 from line 3) 8 Part 2 — Computation of sales tax prepayment on diesel motor fuel — registered distributors only A - Number of gallons subject to tax Reg Re

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gion 1	9	× \$.1475 =	9									
gion 2	10	× \$.140 =	10									
	Gross sales tax prepayment on diesel motor fuel (add lines 9 and 10)											
Credits: sold to exempt purchasers, exported, or casualty loss												
	12a Region 1 total		12a									
	12b Region 2 total		12b									
	13 Net credits (add lines 12a and 12b)		13									
	14 Refunds previously requested on Fo	14										
	Total credits on diesel motor fuel (subtract line 14 from line 13)											
	16 Net sales tax prepayment due on di	sales tax prepayment due on diesel motor fuel (subtract line 15 from line 11)										
	17 Total prepaid tax due on motor fu		17									
Credit carryforward												
	18 Credit for an overpayment of tax ma	de in a prior period				18						
	19 PrompTax payment (attach Form FT-9	945/1045-A, Monthly Schedule FT)				19						
	20 Subtotal (add lines 18 and 19)	12a										
	Balance due (subtract line 20 from line 17; attach a check or money order for this amount; see instructions)					21						

Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back

For office use only

Sales tax vendor identification number

Part :	3 — Ir	nver	ntory reconciliation of motor fuel (in	gallons) — se	llers of mo	otor fue	l other ti	nan registe	ered dis	tributors	only		
22 (Opening inventory of motor fuel (see instructions)					22	2						
Adjustments to motor fuel inventory													
23 F	urcha	ased	in-state			23							
24 (Other gain (or loss) to inventory (see instructions)												
25	Net adjustments to inventory (add lines 23 and 24; if line 24 is a loss, subtract line 24 from line 23)						25	25					
26 N	Motor fuel available for sale (add lines 22 and 25)						26	26					
27 N	Motor fuel sold, used, or transferred (see instructions)						27	27					
28 (Closing	g inv	entory (subtract line 27 from line 26)						28	28			
		lude	registered distributor of motor fuel (Article the sales tax prepayment reported on th	•	other sales	tax retu	rn, sched			required.			
Authorized person			Signature of authorized person			Official title	9						
			E-mail address of authorized person				Telephone number			Date			
Pa	aid	Firm	's name (or yours if self-employed)	_			Firm's EIN			Preparer's PTIN or SSN			
	se	Sign	ature of individual preparing this return	Address		City			State	ZIP cod	.e		
(see		2 Thair address of marriadal proparing this rotain		Telephone n			YTPRIN	Date					

Need help?

See Form FT-945/1045-I, Instructions for Form FT-945/1045, for where to file.