

## FT-945/1045

(1/17)

## Department of Taxation and Finance

## Prepaid Sales Tax on Motor Fuel/Diesel Motor Fuel Return

1117

	the period January 1, 2017, through Janua							
Sale	es tax vendor identification number	Busines	ss telephone numbe	er  Da	aytime telephone number	Ma	ndate to use Sales Tax	
Log		(	)		<b>b File –</b> Most filers fall ur	nder		
Lega	al name					this	requirement (see instruction	ions).
	A (daine housing as as) as as						s your address or busin	
DBA	A (doing business as) name						ormation changed? - To date your mailing address	
						our	website (see Need help?	? in
Stre	eet address						m FT-945/1045-I) and loc	
							Change my address opti her instructions, or enter	
City	St			ZIP code		rect address on this form		
See	Form FT-945/1045-I, Instructions for Form	FT-945/1045	, before completi	ng any	entries.			
	Pay amount shown on Part 5, line 32c. Ma	ake payable ir	n U.S. funds to: N	lew Yo	ork State Sales Tax		Payment enclosed	
	Attach your payment here. (Detach all check	k stubs; see ins	structions for details	s.)				
No a	activity? – You must file by the due date even it	f no tax is due.	There is a \$50 pen	altv for	late filing of a no-tax-due	eturn. I	Motor fuel distributors: er	nter <b>0</b>
	nes 4, 13, 32c and 33; diesel motor fuel distributo							
Part	1 - Registered motor fuel distributors of	nly (see instru	ıctions)					
	A - Number of gallons subject to tax		ales tax rate	C -	Tax due (column A × column	B)		
1	Region 1		\$.175 =	1				
	Region 2		\$.210 =	2				
	Region 3		\$.160 =	3		-		
	Gross prepaid sales tax on motor fuel (add lin		*				4	Т
	lits: sold to exempt purchasers or exported;						7	
	Region 1 total		-		i nanamig, or oacaary re	,,,,		
						$\dashv$		
	Region 2 total					-		
	Region 3 total					-		
	Net credits (add lines 5a, 5b, and 5c)					-		
	Refunds previously requested on Form AU-6						_	_
	(						8	+-
	Net prepaid sales tax due on motor fuel (sub		line 4)				9	
Mote	or fuel regional tax adjustment workshe							
	A – Number of gal	lions transferred	B - Differential rate		- Adjustment (col. A × col. B)		<b>D</b> – Net adjustment	
	Region 1 to Region 2		× \$.035 =	10a		_		
	Region 3 to Region 1		× \$.015 =	10b		_		
	Region 3 to Region 2		× \$.050 =	10c				
	Subtotal 1 (total due; add lines 10a, 10b, and 10c in	column C)				10	d	
	Region 1 to Region 3		× \$.015 =	11a				
	Region 2 to Region 1		× \$.035 =	11b				
11c	Region 2 to Region 3		× \$.050 =	11c				
11d	Subtotal 2 (total overpayment; add lines 11a, 11b	, and 11c in colu	ımn C)			110	d	
12	Motor fuel regional tax adjustment total (subtract line 11d from line 10d)					1	2	
13	Total prepaid sales tax due on motor fuel (ad	d lines <b>9</b> and 12	)			1	3	
Part	2 - Registered diesel motor fuel distrib	utors only (se	ee instructions)					
	A - Number of gallons subject to tax	<b>B</b> – S	ales tax rate	C -	Tax due (column A $\times$ column	B)		
14	Region 1	×	\$.175 =	14				
15	Region 2	×	\$.210 =	15				
16	Region 3	×	\$.160 =	16				
	Gross prepaid sales tax on diesel motor fuel	(add lines 14, 1	5. and 16 in column	C)	<u>'</u>	1	7	Т
	dits: sold to exempt purchasers, exporte			-,				
			-	18a				
	Region 1 total							
	Region 3 total							
	•			20				
∠0	Refunds previously requested on Form AU-6				no 00 from line 40)		4	
	44500101170094		-		ne 20 from line 19)			+-
	]	prepaid sales	tax due on diesel r	notor fl	uel (subtract line 21 from line	17) <b>2</b>	<u> </u>	
	4 BIB							

Pag	<b>e 2</b> of 2 <b>F</b>	<b>T-945/1045</b> (1/1	7)	[	Sales ta	x vendo	or identificat	tion nur	nber					
					ı	ı	1 1	1	l I	ı	ı	.		
Part	3 - Metro	nolitan Commu	ter Transportation District (	MCTD) mc	otor fue	el wh	olesaler	s only	(566	instruc	tions)			
		-	ment worksheet	morb) inc	otor rue	SI WIII	Olegalers	5 Only	(300)	nsuuc	10113)			
IVIOL	Ji luel leg	ionai tax aujust	A – Number of gallons transferred	<b>B</b> – Differen	tial rate		C - A	Adjustm	ent			D -	Net adjustment	
			Transor or ganone transferred	<b>D</b> Dilloron	ilai rato		(column A						Trot dajaotinoni	
23a	Region 1 to	o Region 2		× \$.035	5 =	23a								
23b	Region 3 to	o Region 1		× \$.015	5 =	23b								
23c	Region 3 to	o Region 2		× \$.050	) =	23c								
			s 23a, 23b, and 23c in column C)								23d			
	Region 1 to			× \$.015	5 =	24a								
	Region 2 to			× \$.03	_	24b								
	Region 2 to			× \$.050		24c								
			add lines 24a, 24b, and 24c in col								24d			
			stment total (subtract line 24d fro								25			
			motor fuel wholesalers – o	credits (see	e instruc	tions)								
			nasers or exported											
26a	Region 1 to	otal				26a								
26b	Region 2 total					26b								
	Region 3 total				26c									
			add lines 26a, 26b, and 26c)								27			
			nd non-MCTD motor fuel w									dit dı	u <b>e</b> (see instru	ctions)
			e on motor fuel and diesel m				, and <b>25</b> ; s	ubtract	line 27	")	28			
			of sales tax made in a prior perior			29								
	•					30								
	-	tal (add lines 29 and 30)									31			
		let balance due (subtract line 31 from line 28)									32a			
		alty and interest (see instructions)									32b			
			32a and 32b)								32c			
33	3 Amount paid (see instructions)									33				
If the	total amou	ınt due on line 32	c is an overpayment, apply for a	a refund usi	ng Forr	n FT-9	949 or Fo	rm FT	-1010.					
Dist	ributors are	e not required to o	complete Part 6. Sign and date	your return	below.									
MCT	D and non	-MCTD motor fu	el wholesalers; continue with l	Part 6 belov	٧.									
Dout	c MCTD	and non MOTE	\			:1:-4:-	(!	II \	/ :		\			
			) motor fuel wholesalers – i											
		•	fuel								34			
-		o motor fuel inv	-			25								
		·	m FT-945/1045-W, Part 1 or Part 3,			35 36					-			
	_		tory				line OF				27			
37							-				37			
38											38			
39a	Non-MCTD wholesalers – motor fuel sold, used, or transferred (see instruction										39a 39b			
39b				ansterred (see instructions)						390				
40	•	• •									40			
	Subtract II	ine 390 nom ine 30	")								40			
Do n	ot include t	the prepaid sales	tax reported on this return in a	ny other sa	les tax	returr	n, schedu	le, or ı	eport.					
_		Signature of authoriz	zed person			Officia	al title							
	thorized	Email address of au	thorized person					Teler	hone n	umber			Date	
person		Linaii audiess of au	monzeu person					, elek	7 1011E 11	unibei			Date	

Address

Telephone number

Firm's EIN

Preparer's NYTPRIN

City

Preparer's PTIN or SSN

NYTPRIN

excl. code

State ZIP code

Date

Web File your return instead at www.tax.ny.gov

Firm's name (or yours if self-employed)

Signature of individual preparing this return

Email address of individual preparing this return



Paid

preparer

use only (see instr.)