New York State Department of Taxation and Finance

Return of Tax on Diesel Motor Fuel Schedules 5 and 6 for MT-1000

Submit two copies with your return; use a separate sheet for each state or province.

To the State or Province of	
Name of distributor	Identification number **D —**	Date

Schedule 5 — Transfers Out of New York State

(Do not list government entities or include any gallons sold to consumers for heating, production or farming purposes.)

Purchaser's name	Purchaser's address *(city, state)*	Gallons

Total gallons sold to purchasers listed above *(add Gallons column)*	**a**	
Gallons sold to government entities	**b**	
Gallons sold to consumers for heating, production or farming purposes *(Do not include any amount on line b)*	**c**	
Total gallons *(add lines a, b, and c; enter here and include on Form MT-1000, line 10)*	**d**	

Name of distributor	Identification number D —	To the State or Province of Date

Schedule 6 — Sales in New York State for Immediate Export

Name of out-of-state distributor or dealer	Date shipped	Name of transporter	Loading point	Product type*	Gallons
				Total gallons *(Enter here and include on Form MT-1000, line 11)*	

* **Product Type: 1** - kerosene; **2** - No. 2 fuel oil; **3** - Diesel fuel, No. 1 diesel fuel, No. 2 diesel fuel and enhanced No. 2 fuel oil; **4** - No. 4 fuel oil; **5** - kero-jet fuel; **6** - Other.