

FT-945/1045

New York State Department of Taxation and Finance

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

	_					igh A	ugus	t 31,		; due Septemb	-		mbo-	Change of Rusiness Information
Sales tax vendor identification number							4 1	, [Business telephone number			Daytime telephone number		Change of Business Information Check here if you have
Legal na	Legal name												changed your business location and have not previously notified us. Enter this new address in the space next to your preprinted address. You	
DBA						11:50) :						must report this, or any other change (name, identification number, mailing address or owner/
Street										officer/responsible person information) on Form DTF-95, Change of Business Information. To				
City, stat														request Form DTF-95, see the numbers listed in the <i>Need Help?</i> box on the back.
Part I - C	om	putation	of S	ales 1	ax Pr	epay	ment	on M	otor Fuel -	 Registered d 	istrit	outors only		
		Column (a)				Column		mn (b) Column (c)		Column (d)		- Control		
		Тур	oe of l	Fuel		Su			Gallons see instructions	Sales Tax Prepayment Per Gallon		Column (b) × Column (c)	
Region	1	Leaded				_					, to			
1	2	Unleade	d											
	3	Premium	1			_								的是不可以是是数据的 。
	1000	Total (ad	ld line	s 1, 2	and 3)					× \$.082 =	4		AND SOUTH	
Region	_	Leaded				_								
2	-	Unleade												
L	7					-				*	8		TOTAL	
	8					L_				× \$.066 =				
	9									and 8)	1000.000	• • • • • • • • • • • • • • • • • • •		9
										eliveries	\$250 ME			
	10b Less refunds previously requested on Form AU-629 10b 10c Net credit (subtract line 10b from line 10a) 10c							-						
	12													12
									The state and the property (SS)	March and March St. Commercial St. C		ructions)		13
Part II -														
	Г	omputation of Sales Tax Prepayment on Diesel Motor Fuel — Registered distributors only Column (a) Column (b) Column (c)												
		Number				Sales	Sales Tax Prepayment Per Gallon			Column (a) × Column	b)			
Region 1	14				A 35 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		11100-1100		× \$.0	81 =	14			经产品的企业
Region 2	15								× \$.0)68 =	15			
	16	Gross sa	ales t	ax pre	paym	ent or	diese	el moto	or fuel (add I	lines 14 and 15)				16
											17a			
	17b Less refunds previously requested on Form AU-629							Form	AU-629		17b			
	19 Total credits on diesel motor fuel (add lines 17c and 18)											19		
	AM 166	The same of the same of the same			Charles Tool	and the second second		Contract Contract						20
	21 Total prepaid tax due (add lines 13 and 20)											21		
22 PrompTax payment (attach Monthly Schedule FT)									- 1	22				
Write on the check or money order: Your identification number, form number <i>FT-945/1045</i> and the period you are											For Office Use Only			
reporti	ng -		1, 19	96, thi						check or money			е	,
					epaym	ent re	porte	d on th	nis return in	any other sales	tax re	turn, schedule or repo	rt.	
Signature	of v	endor/												
Title									Telepho	ne number		Date		
Signature	of p	oreparer if	othe	r than	vendo	or								
Address									Telepho	ne number	1	Date		
, 100/635									()	no number		- Luis		

Part 1	III - Inventory F	Reconciliation of Mo	tor Fuel (in gallons) — Sellers of motor fuel other than register	red distributors only
24 (Opening inventory	24			
	Adjustments to r	notor fuel inventory:			
25 F	Purchased in-state				
26 (Other gain (or los	s) to inventory (see ins			
					27
	1000 - Marie				
	Motor fuel sold, us				
			•		
If you Use	are not a registe	red distributor of moto	r fuel (Article 12-A), cl	I other than registered distributors only neck here and see instructions for attachments our return. nber 20, 1996, in the enclosed envelo	
belo	u are a vendor	participating in the	PrompTax program	, mail your return to:	a
progi	ram, mail your	return to:			P O BOX 917 ALBANY NY 12201-0917
If yo	our place of b	ousiness is locate	ed in the county	of:	Mail return to:
Alban		Essex	Oneida	Schuyler	
Allega		Franklin	Onondaga	Seneca	
Broom		Fulton	Ontario	Steuben	40
Cayu	raugus	Genesee Greene	Orange Orleans	St. Lawrence Sullivan	
	itauqua	Hamilton	Oswego	Tioga	
Chem		Herkimer	Otsego	Tompkins	
	nango	Jefferson	Putnam	Ulster	
Clinto	on	Lewis	Rensselaer	Warren	E.
Colur	and the same of th	Livingston	Rockland	Washington	
Cortla		Madison	Saratoga	Wayne	
Delay		Monroe	Schenectady	Wyoming	P O BOX 917
Dutch Erie	ness	Montgomery Niagara	Schoharie	Yates	ALBANY NY 12201-0917
			40 ENG/EN		
Richr	mond				P O BOX 2058 CHURCH STREET STATION NEW YORK NY 10008-2058
Bron		Queens	¥		
Kings New	s York County with	Westchester h ZIP codes 10020-1	0285		. G P O BOX 5464 NEW YORK NY 10087-5464
Nass	sau	Suffolk			. P O BOX 1866

Need Help?

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. The call is toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. For information, you can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, call (518) 438-8581. For forms or publications, you can also call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling 1 800 634-2110 toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. 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 the information numbers listed above.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.