

FT-945/1045

New York State Department of Taxation and Finance

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

_		od January 1, 19	L	ough .	Janua	ary 31	, 1997 , onl	y; due Februa	ry 20	0, 1997.			
Sales ta	x vei	ndor identification i	number				Business te	lephone numbe	r	Daytime telephone nu	mber	Change of Business Inform	ation
							()			()		Check here if you have changed your business location	
Legal na	ame											have not previously notified us Enter this new address in the	
DBA												next to your preprinted addres must report this, or any other	
DUA												change (name, identification	-
Street			ili ette että	E357 (SE49)								number, mailing address or ov officer/responsible person	vner/
- Constitution												information) on Form DTF-95, Change of Business Informati	on To
City, sta	te, Z	IP code										request Form DTF-95, see the)
												numbers listed in the Need He box on the back.	elp?
Part I - (Com	putation of Sale:	Tax P	repay	ment	on Mo	otor Fuel -	 Registered of 	listril	butors only			
	Column (a)				Column (b)		n (b)	Column (c)			6		1,
		Type of Fuel		Su			Gallons ee instructions)	Sales Tax Prepayment Per Gallon		Column (b) × Column (c)	San		
Region	1	Leaded											
1	2	Unleaded			90828877 - FR								
<u> </u>	3	Premium											
	_	Total (add lines 1,	2 and 3)					× \$.082 =	4	Property and the second control of the second			
Region	-	Leaded							And the				
2		Unleaded											
	_	Premium Total (add lines 5.	C and 7	-				× \$.066 =	8				
					matar	fuel (-dd 6 4				100		WATER OF
		Gross sales tax p									•••••	9	OS/100
						rs or out-of-state deliveries 10 n Form AU-629							
		Net credit (subtrac											
	11										100	A CONTRACTOR OF THE	
	12			11.000						* * * * * * * * * * * * * * * * * * * *		12	
										tructions)	<u></u>	13	
Part II -	Con			Prepay	ymen	t on D	iesel Moto	r Fuel — Regi	stere	ed distributors only			
	-	Colum					Column			Column (c)			
	١.,	Number of Gallon	s Subjec	t to Tax	x	Sales		nent Per Gallon		Column (a) × Column (l)		
Region 1	14		ventile: 10.00 co.ce				× · \$.08		14			1.46	ot a
Region 2	15						× \$.06		15	L			
									17a	·····		16	3.5
					out-of-state deliveries		7.75						
		Net credit (subtract											
						200					2		
	19											19	
	20	Net sales tax pre	paymen	t due d	on dies	sel mo	tor fuel (subt	ract line 19 from l	ine 16)		20	
21 Total prepaid tax due (add lines 13 and 20). 22 PrompTax payment (attach Monthly Schedule FT). 23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount).										21			
										22			
										23			
reporti	ing –	January 1, 1997,								and the period you are payable to	,	For Office Use Only	
		State Sales Tax.		5720	<u> 28 1</u>	2 12374				20 <u>2</u> 8 2500			
			prepayn	nent re	ported	on thi	s return in a	iny other sales	ax re	turn, schedule or report			
Signature	of V	rendor											
Title							Telephone	a number		Date			
, 100							()	o number		Dale			
Signature	of p	reparer if other that	n vende	or			1, ,						
				100									
Address				-			Telephone	e number		Date			
							()						

Part III - Invent		Motor Fuel (in gallor	ıs) — Sellers of motor fuel othe	r than registered distributors only						
			,							
Adjustments	Adjustments to motor fuel inventory:									
25 Purchased in	n-state		25	The state of the s						
26 Other gain (d	or loss) to inventory (see	instructions)	26							
27 Net adjustme	ents to inventory (see ins	tructions)		27						
28 Motor fuel av										
29 Motor fuel so										
30 Closing inver	ntory (subtract line 29 from	n line 28)	<u></u>	30						
Part IV - Supple	emental Information	— Sellers of motor fu	el other than registered distrib	utors only						
Use labeled for	orm and return er	velope for filing y	check here and see instructions our return. Lary 20, 1997, in the enclos	ed envelope to the applicable PO b						
				PROMPTAX — FUEL TAX P O BOX 1506 CHURCH STREET STATION NEW YORK NY 10008-1506						
f you are a ven	dor located outside I	New York State who d	loes not participate in the Pron	pTax						
orogram, mail y	P O BOX 917 ALBANY NY 12201-0917									
f your place	of business is loc	ated in the county	/ of:	Mail return to:						
Albany	Essex	Oneida	Schuyler	23						
Allegany	Franklin	Onondaga	Seneca							
Broome	Fulton	Ontario	Steuben							
Cattaraugus	Genesee	Orange	St. Lawrence							
Cayuga Chautauqua	Greene	Orleans	Sullivan							
Chemung	Hamilton Herkimer	Oswego Otsego	Tioga							
Chenango	Jefferson	Putnam	Tompkins Ulster							
Clinton	Lewis	Rensselaer	Warren							
Columbia	Livingston	Rockland	Washington							
Cortland	Madison	Saratoga	Wayne							
Delaware	Monroe	Schenectady	Wyoming							
Outchess Frie	Montgomery Niagara	Schoharie	Yates	P O BOX 917 ALBANY NY 12201-0917						
,	with ZIP codes 1000			140						
Richmond				CHURCH STREET STATION						
3ronx	Queens			NEW YORK NY 10008-2058						
Kings	Westchester									
		0-10285								
Vassau	Suffolk			NEW YORK NY 10087-5464						
านวงสน	Guiloik			HICKSVILLE NY 11802-1866						
			Need Help?							

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

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

From areas outside the U.S. and Canada, call (518) 485-6800.

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 toll free from the U.S. and Canada 1 800 634-2110. 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.