

New York State Department of Taxation and Finance

(8/09)

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

0610

For the	oeri	od August 1,	2009	, throug	h <b>Aug</b> ւ	ıst 31, 2	<b>2009</b> , only	; due <b>Septemi</b>	er 21	, 2009.				
Sales	tax	vendor identific	ation	number			Busines	s telephone nur	nber	Daytime tele	ephone nun	nber		
							(	)		( )			Has your address or b	nucinace
Legal	nan	ne	•										information changed?	
													To update your mailing add	dress.
DBA (doing business as) name													visit our Web site at www.n	ystax.gov
													and look for the change my option for further instruction	
Stree	ado	dress											enter your correct address	on this
													form. For complete information Form FT-945/1045-I, Instru	
City						State				ZIP code	)		for Form FT-945/1045.	10110110
Part 1 —	- Co	mputation of	sales	tax pre	payme	nt on m	otor fuel -	<ul> <li>registered d</li> </ul>	istribu	itors only				
		Α				В		С		D	)			
		Type of	fuel		N	umber of subject t		Sales tax prepayment		Tax o				
	1	Regular						per gallon	_			_		
Region	_	Mid-grade												
1		Premium						_						
		Total (add line	. 1 2	and 2)				× ¢ 1.475	. 4					
		•	5 1, 2, 8	ana 3)				× \$.1475 =	4					
Region		Regular						_						
2		Mid-grade						_						
		Premium		. =\				C 4 4 0						
		Total (add line		,				<b>x</b> \$.140 =	8			-		
						•		d 8, column D)					9	
		10a Credit(s) (see instructions)												
	10b Refunds previously requested on Form AU-629													
		Oc Net credit (subtract line 10b from line 10a)										-		
		11 Other credits including casualty losses (see instructions)												
		12 Total credits on motor fuel (add lines 10c and 11)											12	
								12 from line 9; see					13	
Part 2 —								el — registered distributors only						
			Α				В			С		_		
		Number of ga	llons s	ubject to t	ax	Sale	s tax prepayı	ment per gallon	Ta	x due (column	A X column	B)		
Region 1	14						× \$.1	475 =	14					
Region 2	15						× \$.1		15		_			
	16	Gross sales to	ax pre	payment	on diesel motor fuel (add lines 14 and 15)								16	
		7a Credit(s) (see instructions)										_		
	17b	Refunds previ	ously	requeste	d on Fo	rm AU-6	29		17b			_		
	17c	7c Net credit (subtract line 17b fro.			m line 17a)									
	18	18 Credits for casualty losses (s			ee instructions)				18					
		Total credits on diesel motor fuel (add lines 17c and 18)										19		
	20	Net sales tax	prepayment due on diesel motor fuel (subtract line 19 from line 16)										20	
	21	1 Total prepaid tax due on motor fuel and diesel motor fuel (add lines 13 and 20)									L	21		
	22	PrompTax payment (attach Form FT-945/1045-A, Monthly Schedule FT)											22	
	23	23 Balance due (subtract line 22 from line 21; attach a check or money order for this amount; see back)											23	
Parts 3 a	nd 4	4 — Motor fue	el who	olesaler	s, jobbe	ers, etc.	, proceed	to Part 3 on th	e back	(			For office use only	
Do not i	nclu	ide the sales t	ax pre	paymen	t report	ed on th	nis return iı	n any other sale	s tax	return, sche	dule, or re	oort.		
Signature	of v	endor												
itle								Telephone r	umber		Date			
					( )	( )			.					
Signature of preparer (if other than vendor)					Telephone r	Telephone number Date								
					( )				.					
Address								1		Į				

Part 3 — Inventory reconciliation of motor fuel (in gallons) — sellers of motor fuel other than registered distributors only								
24	Opening inventory of motor fuel (see instructions)	24						
	Adjustments to motor fuel inventory:							
25	Purchased in-state							
26	Other gain (or loss) to inventory (see instructions)							
27	Net adjustments to inventory (add lines 25 and 26; if line 26 is a loss, subtract line 26 from line 25)	27						
28	Motor fuel available for sale (add lines 24 and 27)	28						
29	Motor fuel sold, used, or transferred (see instructions)	29						
30	Closing inventory (subtract line 29 from line 28)	30						

## Part 4 — Supplemental information — sellers of motor fuel other than registered distributors only

If you are not a registered distributor of motor fuel (Article 12-A), mark an X here and see instructions for attachments required.

- Mail your return and payment on or before September 21, 2009 to the address below.
- Make the check or money order payable to New York State Sales Tax. Write on the check or money order your sales tax vendor identification number, FT-945/1045, and 8/1 - 8/31/09.
- All vendors, including those enrolled in the PrompTax Program, mail your completed return and payment to:

NYS SALES TAX PROCESSING PO BOX 15176 ALBANY NY 12212-5176

## Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. If you use any private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: Bank of America, 431C Broadway, Menands NY 12204.

## Need help?



**Internet access:** www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms: Forms are

available 24 hours a day, 7 days a week. 1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Sales Tax Information Center: (518) 485-2889

For in-state callers without free

long distance: 1 800 698-2909

To order forms and publications: (518) 457-5431

For in-state callers without free

long distance: 1 800 462-8100



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at 1 800 634-2110. If you do not own a TTY, 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, call the information center.