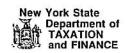
FT-943 (5/87)



Quarterly Motor Fuel Inventory Report by Retail Service Stations

For the period March 1, 1987 thru May 31, 1987 (due June 25, 1987)

If there have been any

Do not attach this report to your sales tax return or use it to report taxable sales or to remit sales tax due. This is an information report, not a sales tax return.

Use labeled form and return envelope for filing your return

			25	char nam addi telep own plea <i>Cha</i> <i>Infor</i> encl (fron	nges in your business' ie, ID number, mailing ress or business address, bhone number or er/officer information, se complete Form DTF-95 rige of Business rmation. If no form is osed, call 1-800-462-8100 in out of state (518)
	 This information report must be filed include diesel motor fuel or kero-jet f locations for which you file sales tax separate report, Form FT-943, for each this inventory report must be used any other inventory report required Failure to file this report or willfully file. This report must be filed within 25 day Please research 	uel). This form should be returns under the sales to the location having a sepa to account for motor for as a result of your other ling a false report is a mi	a used to report the requax identification number rate sales tax identification used held at retail service er business activities, sdemeanor, rter covered by this rep	uested information for r indicated above. You ion number. stations and is to be ort.	all business u must file a
	PART I — Business Description				
	Check the box(es) which describe(s) 1. Service station operator 2. Motor fuel wholesaler or jobb 3. Registered distributor of motor PART II — Inventory Reconciliant For lines 1-5 add amounts in Colum Line 1— Indicate the retail service stareported. The opening inventhese figures do not corresponte inventory held at locations of Prepayment on Motor Fuel. Line 2— Enter by type the number of marketing locations to your resultine 3— Add lines 1 and 2 to arrive at Line 4— Enter by type the gallons of Line 5— Subtract line 4 from line 3. To should also be your opening	tion (Report by type nns A, B and C and enter ation inventory, by gallons tory should be the same bond. The than retail service stations of gallons of motor fuel pure retail service stations (as at motor fuel available for motor fuel sold or used of the amount entered on lire	of fuel.) er totals in Column D. e and type of fuel, on hat as the previous quarter hould not be included here, but the chased during the quarter sale. during the quarter. the 5 is your closing investigation.	and at the beginning of solosing inventory; a set reported on Form FT-945, ter or transferred from 5, Part I, Line 4).	attach an explanation if Report of Sales Tax n your non-retail
		Column A Leaded	Column B Unleaded*	Column C Premium**	Column D Total (Col. A + Col. B + Col. C)
1.	Opening Inventory of Motor Fuel	gal.	gal.	gal.	gal.
2.	Additions to inventory (see instruction above)	nal len	2		gan
3.	Motor Fuel Available for Sale	gal.	gal.	gal.	gal.
4.	Motor Fuel Sold or Used	gal.	gal.	gal.	gal.
5.	Closing Inventory (line 3 less line 4)	gal.	gal.	gal.	gal.
		* Unleaded fuel includes ** Premium fuel includes I	kerosene compounds and leaded and unleaded prem	propane. ium and aviation gasolir	ne.

PART III — Summary of Motor Fuel Purchases

All filers, except those who are motor fuel distributors registered under Article 12-A, must complete this part.

Enter the information requested in Columns A through D for all motor fuel purchased during the quarter for sale or use within New York State.

Column A— Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on the Form FT-935, Certification of Prepayment of Sales Tax and Payment of Motor Fuel Tax, or other document given to you certifying that the taxes were paid. List all suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in Part I of Form FT-945, Report of Sales Tax Prepayment on Motor Fuel, enter "self" in Column A and complete the information requested in Col. C and D for that fuel.

- Column B- Enter the street and city address of each supplier listed in Column A.
- Column C- Indicate the type of fuel purchased by entering "L" (leaded), "U" (unleaded) or "P" (premium).
- Column D— Enter the total number of gallons for each type of fuel purchased during the quarter from that supplier.

Enter the information requested in Columns A through D for those purchases of motor fuel made in New York State.

Col. A	Col. B	Col. C	Col. D
Name and ID # of Supplier	Address of Supplier	Type of Fuel	Total Gallons Purchased
(Name)			A
(ID#)			

Attach additional sheets if necessary to report all suppliers for the reporting period.

	Number of locations — Indicate the number of retail locations in New York State at which you make sales of motor fuel and which are covered by this report.					
Signature of Owner or Authorized Representative		-				
Title		Telephone	Date			
Signature of Preparer (if other than vendor)		Telephone	Date			

Mail to: NYS Department of Taxation and Finance INV Unit P.O. Box 5500 Albany, NY 12205