Quarterly Motor Fuel Inventory Reportby Retail Service Stations

For the period March 1, 1988 thru May 31, 1988 (due June 25, 1988)

Do not attach this report to your sales tax return or use it to report tax	able sales or to remit sales tax due.	This is an information report, not a s	ales tax return.							
Use labeled form and return envelope for fi	ling your return		chang name addre telepi owne perso comp <i>Chan</i> <i>Inforr</i> enclo	re have been any ges in your business', ID number, mailing ess or business address, hone number or r/officer/responsible on information, please olete Form DTF-95, age of Business mation. If no form is used, call 1 800 462-8100 out of state (518) 073).						
 This information report must be filed quarterly by every retail vendor purchasing, selling or using motor fuel (do not include diesel motor fuel or kero-jet fuel). This form should be used to report the requested information for all business locations for which you file sales tax returns under the sales tax identification number indicated above. You must file a separate report, Form FT-943, for each location having a separate sales tax identification number. This inventory report must be used to account for motor fuel held at retail service stations and is to be filed in addition to any other inventory report required as a result of your other business activities. Failure to file this report or willfully filing a false report is a misdemeanor. This report must be filed within 25 days of the end of the quarter covered by this report. Please read the instructions for each part before completing the form. 										
PART I — Business Description										
Check the box(es) which describe(s) your motor fuel business. You may check more than one box. 1. Service station operator 2. Motor fuel wholesaler or jobber 3. Registered distributor of motor fuel # M —										
PART II — Inventory Reconciliati		e of fuel.)								
).							
 For lines 1-5 add amounts in Columns A, B and C and enter totals in Column D. Line 1— Indicate the retail service station inventory, by gallons and type of fuel, on hand at the beginning of the quarter being reported. The opening inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures do not correspond. Note: Inventory held at locations other than retail service stations should not be included here, but reported on Form FT-945, Report of Sales Tax Prepayment on Motor Fuel. Line 2— Enter by type the number of gallons of motor fuel purchased during the quarter or transferred from your non-retail marketing locations to your retail service stations (as reported on Form FT-945, Part I, Line 4). Line 3— Add lines 1 and 2 to arrive at motor fuel available for sale. Line 4— Enter by type the gallons of motor fuel sold or used during the quarter. 										
Line 5— Subtract line 4 from line 3. The	he amount entered on	line 5 is your closing in	ventory for the quarter	being reported and						
Should also be your opening	should also be your opening inventory for the next quarter. Column A Column B Column C Leaded Unleaded* Premium**									
Opening Inventory of Motor Fuel	gal.	gal.	gal.	gal.						
2. Additions to inventory	gal.	gal.	gal.	gal.						
(see instruction above)										
(line 1 plus line 2)	gal.	gal.	gal.	gai.						
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 kerosene compounds and propane.
 Premium fuel includes leaded and unleaded premium and aviation gasoline.

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)							
(ID#)							
			<u> </u>				

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

	Number	of loc	cations	; —	Indicate	the r	numbei	of re	tail	locations	in	New	York	State
	at which	you	make :	sales	of mo	tor fue	el and	which	are	covered	bу	this r	eport	:•

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