

Quarterly Inventory Report by Retail Service Stations

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

Change of Business Information

If there have been any changes in your business' name, ID number, mailing address or business address, telephone number or owner/officer/responsible person information, complete Form DTF-95, *Change of Business Information*. If no form is enclosed, call 1 800 462-8100 (from out of state (518) 438-1073) to request one.

Use labeled form and return envelope for filing your return.

For the period March 1, 1989 thru May 31, 1989 (due June 25, 1989)

- This information report must be filed quarterly by every retail vendor purchasing, selling or using motor fuel or diesel motor 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 or diesel 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 or diesel motor fuel business. You may check more than one box.

1. Service station operator
2. Motor fuel or diesel motor fuel wholesaler or jobber
3. Registered distributor of motor fuel # M — _____
4. Registered distributor of diesel motor fuel # D — _____

PART II — Inventory Reconciliation (report by type of fuel)

For lines 1-5 add amounts in Columns A, B and C and enter totals in Column D. Enter figures for diesel motor fuel in Column E.

- 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.
- Line 2** — Enter by type the number of gallons of motor fuel or diesel motor fuel purchased during the quarter or transferred from your non-retail marketing locations to your retail service stations.
- Line 3** — Add line 1 and line 2 to arrive at motor fuel or diesel motor fuel available for sale.
- Line 4** — Enter by type the gallons of motor fuel or diesel motor fuel sold or used during the quarter.
- Line 5** — Subtract line 4 from line 3. The amount entered on line 5 is your closing inventory for the quarter being reported and should also be your opening inventory for the next quarter.

	Motor Fuel				Diesel Motor Fuel*** Column E
	Column A Leaded	Column B Unleaded*	Column C Premium**	Column D Total (Col. A + Col. B + Col. C)	
1 Opening inventory	gal.	gal.	gal.	gal.	gal.
2 Additions to inventory (see instruction above)	gal.	gal.	gal.	gal.	gal.
3 Fuel available for sale (add line 1 and line 2)	gal.	gal.	gal.	gal.	gal.
4 Fuel sold or used	gal.	gal.	gal.	gal.	gal.
5 Closing inventory (subtract line 4 from line 3)	gal.	gal.	gal.	gal.	gal.

* Unleaded fuel includes kerosene compounds and propane.
 ** Premium fuel includes leaded and unleaded premium and aviation gasoline.
 *** Diesel motor fuel includes kerosene, crude oil, fuel oil or other middle distillate and also motor fuel suitable for use in the operation of an engine of the diesel type.

PART III — Summary of Motor Fuel and Diesel Motor Fuel Purchases

A Retail Vendor not registered as a Motor Fuel Distributor under Article 12-A must complete this part for motor fuel purchases.

A Retail Vendor not registered as a Diesel Motor Fuel Distributor under Article 12-A must complete this part for diesel motor fuel purchases.

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

Column A — For motor fuel purchases:

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 Column C and D for that fuel.

For diesel motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on Form FT-1000, *Certification of Prepayment of Sales Tax and Payment of Diesel Motor Fuel Tax*, or other document given to you certifying that the taxes were paid. List all suppliers from whom you purchase diesel motor 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), "P" (premium) or "D" (diesel).

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 Automotive fuel made in New York State.

Col. A Name and ID # of Supplier	Col. B Address of Supplier	Col. C Type of Fuel	Col. D Total Gallons Purchased
(Name) _____ (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 or diesel 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 Tax Department
INV Unit P.O. Box 5500
Albany, NY 12205-5500**