

Highway Use Tax Return

Taxpayer ID Number
Period covered by return
Due Date
Date of Notice

If there are any changes in your business name, ID number, mailing or business address, telephone number or owner/officer information, complete Form DTF-95, Change of Business Information. If you do not have a form, call toll free from New York State only 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

instructions	nclosed Form MT-903 s and the mailing s on back of this form. V	Co	e, in U.S. funds, to: xation and Finance id the period covered b	1	Amount of Remittance	
	nie box if you had no activity			·		
SECTION I	- Summary: See instr	uctions. Complete	all sections that	apply.		
2. Fue 3. Tot	ck mileage tax due (fro el use tax due (from Sect al tax due (add lines 1 an e filing penalty (see instr	tion III, line 22, on ba ad 2)	ck)		3	
	e filing interest (see inst	,				
6. A m	ount due (add lines 3, 4 a	ınd 5)			6	
one of	······································	ur Schedule 1, 2, a	below and a. All b. All and 3 totals from	miles reported by motor vehicles are MT-903-ATT (Be so	another (leased mo e exempt (example: ure to attach the MT	otor vehicles).
	Tax from Schedule 1	Tax fro	m Schedule 2	Tax from (Schedule 3	(add 7a, 7b and 7c)
7a.		7b.		7c.	70	1.
	or Highway Use Tax Ov Note: Fuel use tax cr uck Mileage Tax Due (su	redits cannot be us	sed to reduce tru	ck mileage tax.		,
Certification	n: certify that this return a	nd any attachments a	re to the best of my k	nowledge and belief to	rue, correct, and complet	te
Date	Signature		· · · · · · · · · · · · · · · · · · ·	Official title	,,	Telephone number
Pate	Print or type name o	of paid individual or firm	n preparing this return	Signature of indiv	idual preparing this return	
raid preparer s	s ID number Paid pr	reparer's address				
co	receive a certified retu py of your MT-903 retu If-addressed envelope,	rn and a stamped			For Office \	Jse Only

MT-903-MN (5/95)

• PLEASE KEEP ONE COPY FOR YOUR RECORDS •

RECTION III Fuel lies Tay	r NONE on line 22.	od, check one of the	boxes		
Complete the section below unless you		el purchased "tax pa by another (leased m			
		(a) Motor fuel other than diesel	(b) Diesel fuel		
10. Total miles traveled everywhere	10				
11. Total miles traveled in New York State (including Thruway miles)					
12. Ratio (dlvlde line 11 by line 10, curry to the neurest .0001)	/ · · · · · · · · · · · · · · · · · · ·				
13. Fuel used in operations everywhere (enter whole gallons only).	13	Gals.	Gals.		
14. Fuel used in New York State (multiply line 12 by line 13; enter who	ole gallons only) 14	Gals.	Gals.		
15. Fuel purchased "tax paid" in New York State (enter whole gallon		Gals.	Gals.		
16. a. If line 14 is more than line 15, enter difference here (see lineb. If line 15 is more than line 14, enter difference here (see line	I I	Gals. Gals.	Gals. T		
Tax due on fuel used in New York State but not purchased in New	v York State				
		T :	ax Due Totals		
17. a. Motor fuel other than diesel (multiply line 16a, col. a by	or by)			
b. Diesel fuel (multiply line 16a, col. b by	or by]) <mark>17b</mark>			
c. Total tax (add lines 17a and 17b)······		<u>. 17c</u>			
Credit for tax paid on fuel purchased in New York State but used	outside the state	Credit	s Accrued Totals		
18. a. Motor fuel other than diesel (multiply line 16b, col. a by	or by) 18a			
b. Diesel fuel (multiply line 16b, col. b by	or by) 18b			
c. Total credit (add lines 18a and 18b)		18c			
Fuel Use Tax Summary		Sec	tion III Totals		
19. Credit accrued this period (if line 17c (tax) is less than line 18c (c.	redit), subtract line 17c i	from line 18c). 19	c		
20. Tax due this period (if line 18c (credit) is less than line 17c (tax), si			т		
21. Amount of prior credit applied to tax due:					
a. Prior fuel use tax credits applied to tax due	21a				
b. Prior highway use tax overpayments applied to tax due	21b				
c. Total prior credits/overpayments applied to tax due (add 2)					
22. Fuel use tax due (subtract line 21c from line 20)			\\\ T		
	Ent	ter TAX from line 22 o	on line 2, Section I		
MAILING INSTRUCTIONS					
1. Attach Form MT-903-ATT.					
Attach check or money order payable, in U.S. funds, to Commissioner of Taxation and Finance.		Make sure this ad	dress		
 Include on your check or money order your identification number, MT-903 and the period covered by this return. 	sł	shows through envelope window			
 Fold this form on lines indicated in margin and Insert in the enclosed envelope, DTF-999.9. 					
Make sure the address to the right shows through the envelope window.		NYS TAX DEPARTMENT HIGHWAY USE TAX P O BOX 1913 ALBANY NY 12201-1913			

MT-903-MN (back) (5/95)

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