

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 or kero-jet 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 either Form FT-935, *Certification of Prepayment of Sales Tax and Payment of Motor Fuel Tax and the Petroleum Business 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 III* of Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, enter "self" in column A and complete the information requested in columns 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 either Form FT-1000, *Certification of Prepayment or Payment of Sales Tax and Payment of the Diesel Motor Fuel Tax and the Petroleum Business 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" (regular unleaded), "M" (mid-grade unleaded), "P" (premium unleaded), "D" (diesel) or "K" (kero-jet).

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.

A Name and ID Number of Supplier	B Address of Supplier	C Type of Fuel	D Total Gallons Purchased
(Name)			
(ID Number)			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

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

Number of locations — Indicate the number of locations in New York State at which you make **retail** sales of motor fuel or diesel motor fuel and which are covered by this report.

Signature of owner or authorized representative		
Title	Telephone number ()	Date
Signature of preparer (if other than vendor)	Telephone number ()	Date