

FT-945/1045

New York State Department of Taxation and Finance

Report of Sales Tax Prepayment On Motor Fuel/Diesel Motor Fuel 0198

For the period June 1, 1997, through June 30, 1997, only; due July 20, 1997. Sales tax vendor identification number Business telephone number Daytime telephone number Change of Business Information If your mailing address is incorrect on the label and you have not previously notified us, enter your correct mailing address next to your preprinted address. If your mail is forwarded to a Legal name address. If your mail is forwarded to a paid preparer or you have any other change (name, ID#, physical address or owner/officer responsible person information) complete Form DTF-95.1 found in the quarterly or part-quarterly sales tax return, or Form DTF-95, Change of Business Information. To request Form DTF-95, call the Business Tax Information Center (See telephone number listed on back of form.) DBA Street City, state, ZIP code Part I - Computation of Sales Tax Prepayment on Motor Fuel Registered distributors only Column (a) Column (b) Column (c) Column (d) Sales Tax Number of Gallons Type of Fuel Column (b) × Column (c) Prepayment Subject to Tax (see instructions) Per Gallon 1 Leaded Region Unleaded 1 Premium Total (add lines 1, 2 and 3) \times \$.087 = 5 Leaded Region 6 Unleaded 2 7 Premium \times \$.073 = 8 Total (add lines 5, 6 and 7) 8 9 Gross sales tax prepayment on motor fuel (add lines 4 and 8) 9 10a Credit for sales to exempt purchasers or out-of-state deliveries 10b Less refunds previously requested on Form AU-629 10c Net credit (subtract line 10b from line 10a)..... 11 Other credits including casualty losses (see instructions)..... Total credits on motor fuel (add lines 10c and 11; see instructions)..... 12 13 Net sales tax prepayment due on motor fuel (subtract line 12 from line 9; see instructions) 13 Part II - Computation of Sales Tax Prepayment on Diesel Motor Fuel — Registered distributors only Column (a) Column (b) Column (c) Number of Gallons Subject to Tax Sales Tax Prepayment Per Gallon Column (a) × Column (b) Region 1 14 × \$.093 Region 2 15 15 × \$.079 = 16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15) ... 16 17a Credit for sales to exempt purchasers or out-of-state deliveries 17a 17b 17c Net credit (subtract line 17b from line 17a)..... 17c 18 Total credits on diesel motor fuel (add lines 17c and 18).... 19 20 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16) . . 20 21 Total prepaid tax due (add lines 13 and 20)..... 21 22 23 For Office Use Only Write on the check or money order: Your identification number, form number FT-945/1045 and the period you are reporting - June 1, 1997, through June 30, 1997. Make the check or money order payable to New York State Sales Tax. Do not include the sales tax prepayment reported on this return in any other sales tax return, schedule or report. Signature of vendor Title Telephone number Date Signature of preparer if other than vendor Address Telephone number Date

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| Pai | rt III - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of motor fuel other than register | ed distributors only |
|-------------------|--|--|
| 24 | Opening inventory of motor fuel (see instructions) | 24 |
| | Adjustments to motor fuel inventory: | |
| 25 | Purchased in-state | (1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| 26 | Other gain (or loss) to inventory (see instructions) | |
| 27 | Net adjustments to inventory (see instructions) | 27 |
| 28 | Motor fuel available for sale (add lines 24 and 27) | 28 |
| 29 | Motor fuel sold, used or transferred (see instructions) | |
| 30 | Closing inventory (subtract line 29 from line 28) | |
| _ | ou are not a registered distributor of motor fuel (Article 12-A), check here and see instructions for attachments the labeled form and return envelope for filing your return. | required. |
| | ail your return and payment on or before July 20, 1997, in the enclosed envelope to t rou are a vendor participating in the PrompTax program, mail your return to: | |
| lf y | you do not participate in the Prompt Tax program and your place of business is in: | mail your return to: |
| Bro Kin Nev | | G P O BOX 5464 NEW YORK NY 10087-5464 |
| Na | ssau Suffolk | P O BOX 1866 HICKSVILLE NY 11802-1866 |
| ΑII | other vendors (including those who are located outside New York State) mail your return to: | PO BOX 917 |

Need Help?

For Information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with Independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.