



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

For the period **April 1, 1998, through April 30, 1998**, only; due May 20, 1998.

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 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, <i>Change of Business Information</i> . To request Form DTF-95, call the Business Tax Information Center (See telephone number listed on back of form.)
Legal name	()	()	
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)
	Type of Fuel	Number of Gallons Subject to Tax (see instructions)	Sales Tax Prepayment Per Gallon	Column (b) × Column (c)
Region 1	1 Regular			
	2 Mid-grade			
	3 Premium			
	4 Total (add lines 1, 2 and 3)		× \$.087 =	4
Region 2	5 Regular			
	6 Mid-grade			
	7 Premium			
	8 Total (add lines 5, 6 and 7)		× \$.073 =	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			10a
10b	Less refunds previously requested on Form AU-629			10b
10c	Net credit (subtract line 10b from line 10a)			10c
11	Other credits including casualty losses (see instructions)			11
12	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 =	14
Region 2	15	× \$.079 =	15
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	Less refunds previously requested on Form AU-629		17b
17c	Net credit (subtract line 17b from line 17a)		17c
18	Credits for casualty losses (see instructions)		18
19	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	Promptax payment (attach Monthly Schedule FT)		22
23	Balance due (subtract line 22 from line 21; attach a check or money order for this amount)		23

— Write on the check or money order: Your identification number, form number **FT-945/1045** and the period you are reporting — **April 1, 1998, through April 30, 1998**. 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
	()	

For Office Use Only

Part III - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of motor fuel other than registered distributors only

24	Opening inventory of motor fuel (see instructions)	24	
Adjustments to motor fuel inventory:			
25	Purchased in-state	25	
26	Other gain (or loss) to inventory (see instructions)	26	
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)	29	
30	Closing inventory (subtract line 29 from line 28)	30	

Part IV – Supplemental Information — Sellers of motor fuel other than registered distributors only

If you are not a registered distributor of motor fuel (Article 12-A), check here and see instructions for attachments required.

Use labeled form and return envelope for filing your return.

Mail your return and payment on or before May 20, 1998, in the enclosed envelope to the applicable PO box below.

If you are a vendor participating in the PromptTax program, mail your return to:

**NYS PROMPTAX — FUEL TAX
PO BOX 1506
CHURCH STREET STATION
NEW YORK NY 10008-1506**

If you do not participate in the PromptTax program and your place of business is in:

Bronx Queens
Kings Westchester
New York County with ZIP codes 10020-10285

mail your return to:

**G P O BOX 5464
NEW YORK NY 10087-5464**

Nassau Suffolk

**PO BOX 1866
HICKSVILLE NY 11802-1866**

If you are using a private delivery service for any of the above, address your return to:

**THE CHASE MANHATTAN BANK
NYS GOVERNMENT TAX
PROCESSING
12 CORPORATE WOODS BLVD.
4TH FLOOR
ALBANY NY 12211**

For a listing of designated delivery services, see Technical Services Memorandum TSB-M-97(10)S.

All other vendors (including those who are located outside New York State) mail your return to:

**PO BOX 917
ALBANY NY 12201-0917**

If you are using a private delivery service, address your return to:

**NYS PROCESSING CENTER
431C BROADWAY
MENANDS NY 12204**

For a listing of designated delivery services, see Technical Services Memorandum TSB-M-97(10)S.

Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and Canada**, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - <http://www.tax.state.ny.us>
Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you 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. Assistance is available 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.

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