

FT-945/1045

(6/98)

New York State Department of Taxation and Finance

0199

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

or the period June 1, 1998, through June 30, 1998, only; due July 20, 1998.

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) Region 1 Regular 2 Mid-grade 3 Premium 4 Total (add lines 1, 2 and 3)	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) Type of Fuel Number of Gallons Subject to Tax (see instructions) Region 1 Regular 2 Mid-grade 3 Premium 4 Total (add lines 1, 2 and 3)	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.)					
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Column (a) Type of Fuel Number of Gallons Subject to Tax (see instructions) Region 1 Region 1 Region 5 Region 1 Region 6 Region 1 Region 2 Region 3 Region 4 Region 6 Mid-grade 6 Mid-grade						
Type of Fuel Number of Gallons Subject to Tax (see instructions) Region 1 Region 1 Total (add lines 1, 2 and 3) Region 5 Region 6 Mid-grade Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions) Sales Tax Prepayment Per Gallon Subject to Tax (see instructions)						
Region 1 Regular 2 Mid-grade 3 Premium 4 Total (add lines 1, 2 and 3)						
2 Mid-grade						
1 2 Mid-grade 3 Premium 4 Total (add lines 1, 2 and 3)						
## Total (add lines 1, 2 and 3) X \$.079 = 4						
Region 5 Regular 6 Mid-grade						
6 Mid-grade						
INVESTIGATION OF INTERPRETARIOR CONTROL OF INTERPRETARIOR OFFICIAL						
2 7 Premium						
8 Total (add lines 5, 6 and 7) × \$.064 = 8						
	ΛΙ					
10a Credit for sales to exempt purchasers or out-of-state deliveries	9					
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)						
12 Total credits on motor fuel (add lines 10c and 11; see instructions).	2					
	3					
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 × \$.083 = 14						
Region 2 15						
16 Gross sales tax prepayment on diesel motor fuel (add lines 14 and 15)	6					
17a Credit for sales to exempt purchasers or out-of-state deliveries 17a	· 是大學的一种情報的發展。					
17b Less refunds previously requested on Form AU-629						
17c Net credit (subtract line 17b from line 17a)						
18 Credits for casualty losses (see instructions)						
19 Total credits on diesel motor fuel (add lines 17c and 18)						
20 Net sales tax prepayment due on diesel motor fuel (subtract line 19 from line 16)						
21 Total prepaid tax due (add lines 13 and 20).						
	22					
	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, 1998, through June 30, 1998. Make the check or money order payable to 	For Office Ose Only					
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	¥ 12					
Title Telephone number Date						
()						
Signature of preparer if other than vendor						
Address Telephone number Date						
[()						

Part I	II - Inventory Reconciliation of Motor Fuel (in gallons) — Sellers of mo	tor fu	el other than registere	d distribut	ors only		
24 (Opening inventory of motor fuel (see instructions)			24			
	Adjustments to motor fuel inventory:						
25 P	Purchased in-state	25					
26 C	Other gain (or loss) to inventory (see instructions)	26					
	let adjustments to inventory (see instructions)			27			
30 C	Closing inventory (subtract line 29 from line 28)			30			
Part I	V – Supplemental Information — Sellers of motor fuel other than regist	ered	distributors only				
If you	are not a registered distributor of motor fuel (Article 12-A), check here and se	e ins	ructions for attachments r	equired.			
Use	labeled form and return envelope for filing your return.						
Mai	I your return and payment on or before July 20, 1998, in the	enc	osed envelope to ti	he applic	able PO box		
belo	DW.						
If yo	u are a vendor participating in the PrompTax program, mail your return	to:		NYS PRO	MPTAX — FUEL TAX		
				PO BOX 1506			
				CHURCH STREET STATION NEW YORK NY 10008-1506			
				NEW TOR	K 141 10000-1500		
If you do not participate in the PrompTax program and your place of business is in:					mail your return to:		
Bron							
Kirigs Westchester New York County with ZIP codes 10020-10285				G P O BOX 5464 NEW YORK NY 10087-5464			
			******************	NEW TOR	K N1 10007-3404		
				PO BOX 1866			
Nassau Suffolk				HICKSVILLE NY 11802-1866			
If you	are using a private delivery service for any of the above, address your return to			THE CHAS	C MANULATTAN DANIK		
in you are using a private delivery service for any of the above, address your return to:					E MANHATTAN BANK ERNMENT TAX		
				PROCESS	ING		
				RATE WOODS BLVD.			
				4TH FLOO ALBANY N			
For a	listing of designated delivery services, see Technical Services Memorandum TSB-M-9	7(10)	S.	71207111111			
		587 - 128					
Allo	ther yenders (including these who are leasted a told the Wall Out)						
All C	ther vendors (including those who are located outside New York State)	mail	your return to:	PO BOX 9	17 NY 12201-0917		
If you	are using a private delivery service, address your return to:			NYS PRO	CESSING CENTER		
	2780 x 32c			431C BRC			
				MENANDS	S 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 outside 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.