FT-945/1045
(8/01)

New York State Department of Taxation and Finance

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

0602

For the period **August 1, 2001**, through **August 31, 2001**, only; due **September 20, 2001.**

Sales tax vendor identification number	Business telephone number	Daytime telephone number
	( )	( )
Legal name		
DBA		
Street		
City, state, ZIP code		

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 if your name, employer identification number, physical address, or owner/officer/responsible person information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See *Need help?* on the back.

Part I — Computation of sales tax prepayment on motor fuel — registered distributors only

	Column a Type of fuel	Column b Number of gallons subject to tax *(see instructions)*	Column c Sales tax prepayment per gallon	Column d Column b × Column c
Region 1	**1** Regular			
	2 Mid-grade			
	3 Premium			
	4 **Total** *(add lines 1, 2, and 3)*		× $.100 =	**4**
Region 2	**5** Regular			
	6 Mid-grade			
	7 Premium			
	8 **Total** *(add lines 5, 6, and 7)*		× $.083 =	**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	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 Number of gallons subject to tax	Column b Sales tax prepayment per gallon	Column c Column a × Column b
Region 1	**14**	× $.110 =	**14**
Region 2	**15**	× $.093 =	**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	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 Form FT-945/1045-A,* Monthly Schedule FT*)*		**22**
23	Balance due *(subtract line 22 from line 21; attach a check or money order for this amount)*		**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: ***August 1, 2001, through August 31, 2001***. 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	Telephone number ( )	Date
Address		

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 September 20, 2001, in the enclosed envelope to the address below.

All vendors, including those located outside New York State, mail your completed return to: .....

NYS SALES TAX PROCESSING
BOX 5464
NEW YORK NY 10087-5464

If you are enrolled in the **PrompTax program,** please use the preaddressed envelope provided.

If you are using a private delivery service, address the return envelope to: **JPMorgan, NYS Government Tax Processing, 12 Corporate Woods Blvd — 4th Floor, Albany NY 12211-2524**
For a listing of designated services, see Publication 55, *Designated Private Delivery Services.*

Need help?

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

For business tax information, call the New York State Business Tax Information Center:	1 800 972-1233
For general information:	1 800 225-5829
To order forms and publications:	1 800 462-8100
From areas outside the U.S. and outside Canada:	(518) 485-6800

Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676

Internet access: *www.tax.state.ny.us*

Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.

If you need to write, address your letter to:
NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
W A HARRIMAN CAMPUS
ALBANY NY 12227