New York State Department of Taxation and Finance

# Instructions for Form FT-945/1045
## Report of Sales Tax Prepayment On Motor Fuel/Diesel Motor Fuel

**FT-945/1045-I**
(7/01)

## General instructions

### Who must file this report

1. Motor fuel distributors registered under Article 12-A of the Tax Law, wholesalers, jobbers, and others who sell motor fuel not exclusively at retail service stations.
2. Diesel motor fuel distributors registered under Article 12-A of the Tax Law, other than a distributor who is a *retailer of heating oil only*. A vendor who is registered as a *distributor of kero-jet fuel only* must file this report monthly even if the vendor did not import any fuel during the period covered by this report.

*Diesel motor fuel* is kerosene, crude oil, fuel oil, and other middle distillate and motor fuel suitable for use in the operation of a diesel engine. It does not include that special grade of diesel product not suitable as a fuel used in the operation of a motor vehicle engine specifically designated No. 4 diesel fuel or No. 5 or No. 6 oil. (See Notice N-89-63 for further definition of No. 4 diesel fuel.)

### Filing requirements

You must file Form FT-945/1045 in addition to any other sales tax return required. **Do not** include the amount of tax paid with this report on any other return or schedule.

This report is due within 20 days from the end of the month covered by the report. Reports delivered by courier, messenger or similar services must reach the Tax Department **on or before** the due date to be timely filed. Reports that meet the following conditions will be considered filed on time, even if received **after** the due date.

When the due date falls on a Saturday, Sunday, or legal holiday, you are permitted to file on the next business day.

**United States mail**

- the **United States Postal Service** postmark date must be on or before the due date of the report.

**Privately metered mail**

- the metered date must be on or before the due date,
- the report must be delivered to the **United States Postal Service** on or before the due date, and
- the report must be received by the time the same class of mail sent from the same place is ordinarily received when delivered by the **United States Postal Service**.

If using a private delivery service, please see Publication 55, *Designated Private Delivery Services*, for special rules.

Failure to file this report, filing a false report, or failure to pay the tax due, if any, may subject you to criminal or civil penalties, or both, under the New York State Tax Law. The minimum penalty for failure to file on time is $50, even if no tax is due.

### 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. In addition, you must report any changes in your business name, ID number, business address, paid preparer mailing address (if any), telephone number, or owner/officer/responsible person information on Form DTF-95, *Business Tax Account Update.* If only your address has changed, you may use Form DTF-96, *Report of Address Change for Business Tax Accounts.* You can get these forms by fax, phone, or from our Web site. See *Need help?* on page 4 for the phone number and Web address.

## Specific instructions

If the report you are submitting does not have a preaddressed label, please complete the name and address portion, including your sales tax identification number.

Include your business telephone number and the number at which you can be reached during the day, if different.

Enter the exact legal name of the business. For a corporation, use the name as it appears on the *Certificate of Incorporation*; for an unincorporated business, use the name in which the business owns property or acquires debt; for a partnership, use the partnership name. A sole proprietor must use the name of the individual owner.

Enter the trade name, doing-business-as (DBA) name, or assumed name if different from the legal name. For an unincorporated business, use the name filed with the county clerk's office under section 130 of the General Business Law.

Enter your mailing address.

Registered distributors of motor fuel or diesel motor fuel are not required to report inventory on this form; therefore, they must complete only **Parts I** and **II**. Motor fuel wholesalers, jobbers, etc., must complete **Parts III** and **IV**, and attach the required supplemental information.

**Note**: The vendor collection credit does not apply to the prepaid sales tax on motor fuel or diesel motor fuel reported on Form FT-945/1045 (see TSB-M-94(3)S).

### Part I – Computation of sales tax prepayment on motor fuel

**Only** motor fuel distributors registered under Article 12-A must report the sales tax required to be prepaid on motor fuel. No other person can acquire motor fuel without the required sales tax prepayment included in the purchase price.

To compute the sales tax due on motor fuel in each region, add the number of gallons of regular, mid-grade, and premium motor fuel subject to tax. Multiply the total by the sales tax prepayment per gallon shown for that region on Form FT-945/1045.

**Note**: The sales tax prepayment per gallon indicated in Column c is the appropriate regional average retail sales price multiplied by the rate for Region 1 or Region 2 (7% and 6% respectively) rounded to the nearest one-tenth of a cent. (See Publication 790, *Chart for Prepayment of Sales Tax on Motor Fuel*.)

Once you or your supplier reports the prepaid sales tax in one region, do not adjust the prepayment (on the fuel or this report) for any subsequent sale in the other region. If prepaid sales tax has been imposed initially in Region 1, for example, that is the prepaid tax that **must be** passed through, even if

the fuel is later sold in Region 2. The only adjustment you make is the inventory adjustment that you must make when the regional average retail sales price changes (see Form FT-945/1045-I Supplement, *Supplement to Instructions for Completing Form FT-945/1045* ).

**Lines 1, 2, and 3 —** Report the number of gallons of motor fuel in Region 1 subject to prepayment of sales tax. This includes all fuel imported, caused to be imported, compounded, or produced in New York City (counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island)), and the counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

**Line 4 —** Add lines 1, 2, and 3, Column b, and multiply the total by the sales tax prepayment per gallon indicated in Column c for Region 1. Enter the result in Column d.

**Lines 5, 6, and 7 —** Report the number of gallons of motor fuel in Region 2 subject to prepayment of sales tax. This includes all fuel imported, caused to be imported, compounded, or produced in Region 2, which consists of all counties in New York State not in Region 1.

**Line 8 —** Add lines 5, 6, and 7, Column b, and multiply the total by the sales tax prepayment per gallon indicated in Column c, for Region 2. Enter the result in Column d.

**Line 9 —** Add lines 4 and 8, Column d. This is the gross prepayment of sales tax due on motor fuel.

**Line 10a —** Enter the amount of sales tax prepayments on motor fuel sold to exempt purchasers or motor fuel taken out of inventory and delivered out of state by you, either to your own facility or to your customers.

This amount may include:

- the prepayment computed on line 9 for such fuel,
- sales tax prepaid to your supplier of such fuel purchased in this or a prior period, or
- sales tax prepaid directly to the Tax Department for a prior period.

**Line 10b —** Enter the amount of refunds of prepaid sales tax on motor fuel you requested on Form AU-629, *Application for Refund/Reimbursement of Taxes Paid on Fuel Sold to Governmental Entities by Registered Distributors*, for this month. This figure should be the **total** of **all** refunds you claimed on Form AU-629 that cover the month reported on this return.

**Line 10c —** Subtract the amount on line 10b from the amount on line 10a. This is your net credit for sales to exempt purchasers or out-of-state deliveries.

**Line 11 —** Enter the amount of the sales tax prepayment (see instructions for line 10a regarding amount of prepayments) on motor fuel lost due to shrinkage, evaporation, and handling (not to exceed two percent of the fuel stored), or casualty losses.

**Casualty losses —** An adjustment to the number of gallons of motor fuel subject to prepaid sales tax is allowed for any motor fuel lost or destroyed due to an accident (such as a fire) that occurs while the motor fuel is being held or transported for sale other than at retail.

You must submit a detailed report of the casualty loss, and a request to take a credit for the tax paid on product lost, to the address below within 24 hours of the occurrence. The adjustment is reportable on the Form FT-945/1045 covering the month in which the loss occurs.

Send your request to: NYS Tax Department, Transaction and Transfer Tax Bureau FACCTS, 855 Central Avenue, Albany NY 12206.

You must attach substantiation for all credits reported on line 11.

**Line 12 —** Enter the total of the amounts reported on lines 10c and 11.

**Line 13 —** Net sales tax prepayment due on motor fuel. Subtract line 12 from line 9 and enter the result. If the amount on line 12 is greater than the amount on line 9, enter the result in parentheses and see *Note* under the instruction for line 21.

## Part II – Computation of sales tax prepayment on diesel motor fuel

To compute the sales tax due on diesel motor fuel in each region, multiply the number of gallons of diesel motor fuel subject to tax by the sales tax prepayment per gallon shown for that region.

> **Note**: The sales tax prepayment per gallon indicated in Column b is the appropriate regional average retail sales price multiplied by the rate for Region 1 or Region 2 (7% and 6% respectively) rounded to the nearest one-tenth of a cent. (See Publication 787, *Chart for Prepayment of Sales Tax on Diesel Motor Fuel*.)

Transactions subject to the prepayment to be reported on lines 14 and 15 include:

- The first sale of *enhanced diesel motor fuel* to a distributor or retailer of heating oil only. *Enhanced diesel motor fuel* includes diesel fuel, No. 1 diesel fuel, and enhanced No. 2 fuel oil (the blended product that results from the mixing of No. 2 fuel oil with kerosene or cetane improver to make it more suitable to operate in a motor vehicle diesel engine).
- The sale of previously untaxed diesel motor fuel, whether enhanced or unenhanced, when delivered to a filling station or into a repository equipped with a hose or apparatus for dispensing fuel into the tank of a motor vehicle.
- The delivery of previously untaxed diesel motor fuel, whether enhanced or unenhanced, to your own filling station.

The requirement to prepay sales tax on diesel motor fuel does **not** apply to the delivery of water-white kerosene at a filling station or other retail vendor, if the vendor sells the water-white kerosene exclusively for heating purposes in containers of no more than 20 gallons.

Do not include any prepaid tax passed through to you by your supplier. Report **only** the prepayment of sales tax that you are responsible for paying directly to the Tax Department.

Once the prepaid sales tax has been reported and paid in one region, whether by you or your supplier, do not adjust the prepayment (on the fuel or this report) for any subsequent sale in the other region. In other words, if prepaid sales tax has been imposed initially in Region 1, that is the prepayment that **must** be passed through, even if the fuel is later sold in Region 2.

**Line 14 —** Report in Column a the number of gallons of diesel motor fuel in Region 1 subject to prepayment of sales tax. These are the sales in New York City (counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island)), and the counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. Multiply the amount in Column a by the sales tax prepayment in Column b and enter the result in Column c.

**Line 15 —** Report in Column a the number of gallons of diesel motor fuel in Region 2 subject to prepayment of sales tax. These are the sales in all counties in New York State not in Region 1. Multiply the amount in Column a by the sales tax prepayment in Column b and enter the result in Column c.

**Line 16 —** Add lines 14 and 15, Column c. This is the gross prepayment of sales tax due on diesel motor fuel.

**Line 17a —** Enter the amount of sales tax prepaid to your supplier that was not passed through on your sale of that fuel because your sale was:

- exempt from both the prepaid tax and the tax at retail (for example, sales to government agencies or for use in farming);
- subject to the tax at retail only (for example, sales of fuel used for heating), but excluding sales made through a retail filling station where the appropriate credit must be claimed on Schedule FR (Form ST-100.10, ST-810.10, or ST-101.10); or
- taken out of inventory and delivered out of state by you either to your own facility or to your customer.

**Line 17b —** Enter the amount of refunds of prepaid sales tax on diesel motor fuel you requested on Form AU-629, *Application for Refund/Reimbursement of Taxes Paid on Fuel Sold to Governmental Entities by Registered Distributors*, for this month. This figure should be the **total** of **all** refunds you claimed on Form AU-629 that cover the month reported on this return.

**Line 17c —** Subtract the amount on line 17b from the amount on line 17a. This is your net credit for sales to exempt purchasers or out-of-state deliveries.

**Line 18 —** Enter the amount of the sales tax prepaid to your supplier on diesel motor fuel lost due to casualty losses.

**Casualty losses —** An adjustment to the number of gallons of diesel motor fuel subject to prepaid sales tax is allowed for any diesel motor fuel lost or destroyed due to an accident (such as a fire) that occurs while the diesel motor fuel is being held or transported for sale other than at retail.

You must submit a detailed report of the casualty loss, and a request to take a credit for the tax paid on product lost, to the address below within 24 hours of the occurrence. The adjustment is reportable on the Form FT-945/1045 covering the month in which the loss occurs.

Send your request to: NYS Tax Department, Transaction and Transfer Tax Bureau FACCTS, 855 Central Avenue, Albany NY 12206.

You must attach substantiation for all credits reported on line 18.

**Line 19 —** Enter the total of the amounts reported on lines 17c and 18.

**Line 20 —** Subtract line 19 from line 16 and enter the result. This is the net sales tax prepayment due on diesel motor fuel. If the amount on line 19 is greater than the amount on line 16, enter the result in parentheses and see *Note* under the instruction for line 21.

**Line 21 —** Total sales tax prepayment due (motor fuel and diesel motor fuel). Add lines 13 and 20. This is the total sales tax prepayment due on motor fuel and diesel motor fuel.

> **Note**: If the amount on line 13 or 20 is a credit amount, you may offset the credit due on either line by the amount of tax due on the other. Enter the difference on line 21. If the sales tax prepayment due is not sufficient to offset the entire credit due, you **must** apply for a refund of the excess credit by filing the appropriate refund application.

**Line 22 — Only vendors enrolled in the PrompTax program may use this line.**

Enter on this line the PrompTax payment made during the month covered by this return and attach your Form FT-945/1045-A, *Monthly Schedule FT*.

**Line 23 — Balance due —** Subtract line 22 from line 21. Send this amount with your return and any required attachments to the applicable address listed on the back of Form FT-945/1045.

## Part III — Inventory reconciliation

Filers required to complete this part must report only motor fuel held in New York State **for sale other than at retail service stations**. You must report motor fuel held in New York State for sale at retail service stations on Form FT-943, *Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators*.

**Line 24 —** Indicate the number of gallons of motor fuel on hand at the beginning of the month. The current month's opening inventory should be the same as the previous month's closing inventory; attach an explanation if these figures do not correspond.

**Line 25 —** Enter the total number of gallons of motor fuel purchased in New York State during the month.

**Line 26 —** Report any gain or loss to inventory due to expansion, evaporation, etc. Attach an explanation for all gains, losses, and credits claimed on this line. If the net adjustment on line 26 is a loss, write ***(L)*** in parentheses after the amount reported.

**Line 27 —** Add lines 25 and 26 to determine the net adjustments to inventory. If the adjustment on line 26 is a loss, subtract line 26 from line 25.

**Line 29 —** Enter the total number of gallons:

- sold (both taxable and nontaxable), including exchanges, consignment, and commission sales,
- used,
- transferred out of New York State by you during the month, or
- placed in inventory at a retail service station owned or operated by you.

**Line 30 —** Subtract line 29 from line 28. This is your closing inventory for the month; it should also be your opening inventory for next month.

## Part IV – Supplemental information

**All** sellers of motor fuel, **other than** distributors registered under Article 12-A of the Tax Law, **must** attach a supplemental schedule to this return that provides information about motor fuel purchased during the month.

The following information **must** be provided on the supplemental schedule:

1. Your name, address, and sales tax vendor identification number as they appear on the label on your Form FT-945/1045.
2. Each supplier's name, complete address, and sales tax and motor fuel tax registration numbers. This information should be as it appears on the 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 these taxes have been paid.
3. Amounts of fuel purchased, by type (regular, mid-grade, and premium).

The following format should be used:

(Your name, address, and sales tax vendor identification number)

| Name and identification numbers of supplier | Address of supplier | Type of fuel | Total gallons purchased |
|---|---|---|---|
| (Name)<br>(Sales tax and motor fuel tax numbers) | (Street)<br>(City, state, ZIP) | | |
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SAMPLE

### Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8, Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and Canada, call (518) 485-6800.

## Need help?

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

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| **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