

Sales tax vendor identification number

Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators

Has your address or business information changed?

Do not attach this report to your sales tax return or use it to report sales or to remit sales tax due. This is an information report, not a sales tax return.

Business telephone number

		()		To update your	mailing address,
Legal name				visit our Web s Miscellaneous	ite; otherwise, call the Tax Information Center 2? on back) or enter your
DBA (doing business as) name				correct address also use Form Change for Bu	on this form. You may DTF-96, Report of Address siness Tax Accounts,
Street address				change additio as your addres	mailing address. To nal information (as well s), complete and send in Business Tax Account Update.
City	State		ZIP code	You can get the	ese forms from our Web site, ee Need help? on back.
Mark an $m{X}$ in the appropriate box to indi	cate the period cover	ed by this report.			
Mar 1 – May 31, 2012 Due: Jun 20, 2012	Jun 1 – Aug 31, 201 Due: Sep 20, 2012		1 – Nov 30, 2012 Dec 20, 2012	Dec 1, 20 Due: Mar	12 – Feb 28, 2013 20, 2013
 Every retail vendor purchasing, selling report the requested information for a above. You must file a separate Form 	Il business locations f FT-943 for each locat	or which you file sale ion having a separate	s tax returns under the sales tax identification	e sales tax identifica on number.	ation number
 Use this form to account for motor fue form in addition to any other inventory Failing to file this form, or willfully filing 	report required as a	result of your other b	I service stations (inclusiness activities.	uding fixed bases).	You must file this
Please read the instructions for each pa					
Part 1 — Business description					
Mark an <i>X</i> in the box(es) that describe(s 1. Service station operator 2. Motor fuel or diesel motor fuel w 3. Registered distributor of motor f	rholesaler or jobber uel #M — ————		·		e box.
4. Registered distributor of diesel r	notor fuel #D —				
5. Registered distributor of kero-jet	fuel #K —				
Part 2 — Inventory reconciliation	(report by type of fue	1)			
For lines 1 through 5, add amounts in occlumn E (for kero-jet fuel, preface the riche 1 — Indicate by gallons and type opening inventory should be correspond. Line 2 — Enter, by type, the number of marketing locations to your relating 3 — Add lines 1 and 2 to determing the 4 — Enter, by type, the number of Line 5 — Subtract line 4 from line 3. The	number of gallons with of fuel, the retail servithe same as the previous gallons of motor fuel etail service stations (ne the amount of motor gallons of motor fuel	n a capital K). ce station or fixed-ba ous quarter's closing or highway diesel mo or fixed bases) during or fuel or highway diesel or highway diesel mo	se inventory on hand inventory; attach an experimental purchased or go the quarter. sel motor fuel availablotor fuel sold or used of the sold or used on the sold or used or used on the sold or used or used on the sold or used or u	at the beginning of explanation if these transferred from you le for sale.	the quarter. The figures do not ur non-retail
for the next quarter.		Moto	or fuel		E
	A Regular unleaded*	B Mid-grade unleaded	C Premium unleaded**	D Total (A + B + C)	Highway diesel motor fuel ***
1 Opening inventory	gal.	gal.	gal.	gal	. gal.
2 Additions to inventory (see instructions above)	gal.	gal.	gal.	gal	gal.
3 Fuel available for sale					
(add lines 1 and 2)	gal.	gal.	gal.	gal	
4 Fuel sold or used	gal.	gal.	gal.	gal	. gal.
5 Closing inventory (subtract line 4 from line 3)	gal.	gal.	gal.	gal	. gal.
	* Unleaded fuel includ	des kerosene compound es unleaded premium a	ds and propane.		

fuel.

Highway diesel motor fuel is any diesel motor fuel which is not non-highway diesel motor fuel. Dyed diesel motor fuel is diesel motor fuel which has been dyed in accordance with and for the purpose of complying with 26 USC 4082(a).

Diesel motor fuel is No. 1 diesel fuel, No. 2 diesel fuel, biodiesel, kerosene, fuel oil or other middle distillate and also motor fuel suitable for use in the operation of an engine of the diesel type. Diesel motor fuel does not include any product specifically designated No. 4 diesel fuel.

Non-highway diesel motor fuel is any diesel motor fuel that is designated for use other than on a public highway, (except for the use of the public highway by farmers to reach adjacent lands) and is dyed diesel motor fuel.

Part 3 — Summary of motor fuel and diesel motor fuel purchases

Retail vendors must report motor fuel purchases (if not registered as a motor fuel distributor) and highway diesel motor fuel purchases (if not registered as a diesel motor fuel or kero-jet fuel distributor). Complete columns A through D for appropriate fuels purchased this quarter.

Column A

For motor fuel purchases — Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on either Form FT-935, Certification of Taxes Paid on Motor Fuel (Prepayment of Sales Tax and Payment of the Motor Fuel Tax and the Petroleum Business Tax), or on another document given to you certifying that the taxes were paid. List all suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in Part 3 of Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, enter **self** in column A and complete the information requested in columns C and D for that fuel.

For diesel motor fuel purchases — Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on either Form FT-1000, *Certificate of Prepayment or Payment of Taxes on Diesel Motor Fuel*, or on another document given to you certifying that the taxes were paid. List all suppliers from whom you purchase diesel motor fuel.

Column B — Enter the address (street, city, state, and ZIP code) of each supplier listed in column A.

Column C — Indicate the type of fuel purchased by entering U (regular unleaded), M (mid-grade unleaded), P (premium unleaded), D (diesel), or K (kero-jet).

Column D — Enter the total number of gallons for each type of fuel purchased during the quarter from that supplier.

Enter the information requested in columns A through D for those purchases of petroleum products made in New York State.

A — Name and ID number of supplier	B — Address of supplier	C — Type of fuel	D — Total gallons purchased
(Name)			
(ID number)			

Attach additional sheets, if necessary, to report all suppliers for the reporting period.

Number of locations — Indicate the number of locations in New York State at which you make **retail** sales of motor fuel or highway diesel motor fuel and that are covered by this report.

Authoriz		- 3		O	Official title				
perso	n E-	E-mail address of authorized person		,	Telephone number ()		Date		
Paid		Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN		
preparer use	Signatu	ure of individual preparing this return	Address			City		ate	ZIP code
only (see instr.)	E-mail a	address of individual preparing this return		Telephone nu	ımber	Preparer's NYTPRIN		Date	

Signature

If you are a sole proprietor, you must sign the return and print your title, telephone number, and date.

If you are filing this return for a corporation, partnership, or other type of entity, an officer, employee, or partner must sign the return on behalf of the business, and print his or her title, telephone number, and date.

If you do not prepare the return yourself, sign, date, and provide the requested taxpayer information. The preparer must also print his, her, or the firm's name, sign the return, and provide the requested preparer information. Also see *Paid preparer identification numbers* below.

Paid preparer identification numbers — New York State Tax Law requires certain paid tax return preparers and facilitators of refund anticipation loans (RALs) and refund anticipation checks (RACs) to register electronically with the Tax Department. When completing this section, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. (Information on the New York State Tax Preparer Registration Program is available on our Web site. See *Need help?* below.) In addition, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number (SSN). (PTIN information is available at *www.irs.gov.*)

Where to file

Mail your report to: NYS Tax Department, Petroleum Tracking Unit, PO Box 5500, Albany NY 12205-0500

Private delivery service — If you are using a private delivery service, see Publication 55, *Designated Private Delivery Services*.

Need help?



Visit our Web site at **www.tax.ny.gov** (for information, forms, and online services)

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Miscellaneous Tax Information Center: (518) 457-5735

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline

(for persons with hearing and speech disabilities using a TTY):

(518) 485-5082

Privacy notification — The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Article 3 of the New York State Retirement and Social Security Law; Articles 8 and 22 of the New York State Tax Law; 26 USC 6109(d) and 26 CFR 301.6109-1(b); and 42 USC 405(c)(2)(G)(i).

The Tax Department uses this information to help determine eligibility for initial and continued employment, for administrative record keeping and identification, to administer employee benefit programs, to properly account for applicable federal and state taxes, and for any other purpose authorized by law.

Failure to provide the required information may hinder or prevent your employment or retention as an employee and may, as far as withholding of federal and state taxes is concerned, subject you to civil or criminal penalties, or both.

This information is maintained by the Director of the Office of Human Resources Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-2786.