FT-945/1045

(4/13)

New York State Department of Taxation and Finance

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

0214

For the period **April 1, 2013**, through **April 30, 2013**, only; due **May 20, 2013.**

Sales tax vendor identification number	Business telephone number ( )	Daytime telephone number ( )
Legal name		
DBA (doing business as) name		
Street address		
City	State	ZIP code

Has your address or business information changed?

To update your mailing address, visit our Web site (see *Need help?* in Form FT-945/1045-I, *Instructions for Form FT-945/1045*) and look for the change my address option for further instructions, or enter your correct address on this form. For complete information, see instructions.

Web File your return at *www.tax.ny.gov*

Parts 1 and 2 — Registered distributors only

No activity? — Motor fuel distributors: enter ***0*** in boxes 3, 8, and 21; diesel motor fuel distributors: enter ***0*** in boxes, 11, 16, and 21. You **must** file by the due date even if no tax is due. There is a $50 penalty for late filing of a no-tax-due-return.

Part 1 — Computation of sales tax prepayment on motor fuel — registered distributors only

	A – Number of gallons subject to tax	B – Sales tax prepayment per gallon	C – Tax due (column A × column B)
Region 1	1	× $.1475 =	1
Region 2	2	× $.140 =	2

3	Gross sales tax prepayment on motor fuel *(add lines 1 and 2)*	3
	Credits: sold to exempt purchasers or exported; loss due to shrinkage, evaporation, or handling; or casualty loss	
4a	Region 1 total	4a
4b	Region 2 total	4b
5	Net credits *(add lines 4a and 4b)*	5
6	Refunds previously requested on Form AU-629	6
7	Total credits on motor fuel *(subtract line 6 from line 5)*	7
8	Net sales tax prepayment due on motor fuel *(subtract line 7 from line 3)*	8

Part 2 — Computation of sales tax prepayment on diesel motor fuel — registered distributors only

	A – Number of gallons subject to tax	B – Sales tax prepayment per gallon	C – Tax due (column A × column B)
Region 1	9	× $.1475 =	9
Region 2	10	× $.140 =	10

11	Gross sales tax prepayment on diesel motor fuel *(add lines 9 and 10)*	11
	Credits: sold to exempt purchasers, exported, or casualty loss	
12a	Region 1 total	12a
12b	Region 2 total	12b
13	Net credits *(add lines 12a and 12b)*	13
14	Refunds previously requested on Form AU-629	14
15	Total credits on diesel motor fuel *(subtract line 14 from line 13)*	15
16	Net sales tax prepayment due on diesel motor fuel *(subtract line 15 from line 11)*	16
17	**Total prepaid tax due on motor fuel and diesel motor fuel** *(add lines 8 and 16)*	17
	Credit carryforward	
18	Credit for an overpayment of tax made in a prior period	18
19	PrompTax payment *(attach Form FT-945/1045-A,* Monthly Schedule FT*)*	19
20	Subtotal *(add lines 18 and 19)*	20
21	Balance due *(subtract line 20 from line 17; attach a check or money order for this amount; see instructions)*	21

Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back

For office use only

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Sales tax vendor identification number

Part 3 — Inventory reconciliation of motor fuel (in gallons) — sellers of motor fuel other than registered distributors only

22	Opening inventory of motor fuel *(see instructions)*		**22**	
Adjustments to motor fuel inventory				
23	Purchased in-state	**23**		
24	Other gain (or loss) to inventory *(see instructions)*	**24**		
25	Net adjustments to inventory *(add lines 23 and 24; if line 24 is a loss, subtract line 24 from line 23)*		**25**	
26	Motor fuel available for sale *(add lines 22 and 25)*		**26**	
27	Motor fuel sold, used, or transferred *(see instructions)*		**27**	
28	Closing inventory *(subtract line 27 from line 26)*		**28**	

Part 4 — Supplemental information — sellers of motor fuel other than registered distributors only

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

Do not include the sales tax prepayment reported on this return in any other sales tax return, schedule, or report.

Authorized person	Signature of authorized person	Official title		
	E-mail address of authorized person	Telephone number ( )	Date	
Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*	Firm's EIN	Preparer's PTIN or SSN	
	Signature of individual preparing this return	Address	City	State ZIP code
	E-mail address of individual preparing this return	Telephone number ( )	Preparer's NYTPRIN	Date

Need help?

See Form FT-945/1045-I, *Instructions for Form FT-945/1045*, for where to file.