

New York State Department of Taxation and Finance

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



For the period August 1, 2013, through August 31, 2013, only; due September 20, 2013,

Sales	tax	vendor identification number	Business telephone num		Daytime telephone nu	mber		
			()		()		Has your address or business	
Legal	nam	le.	()		()		information changed?	
Loga	nan						To update your mailing address,	
DBA	doin	g business as) name		visit our Web site (see Need help?				
DBR	uom	g buoinese asy name					in Form FT-945/1045-I, <i>Instructions</i> for Form FT-945/1045) and look	
Stree	add	ress		for the change my address option				
01100	auu						for further instructions, or enter your correct address on this form.	
City		State			ZIP code		For complete information, see	
Oity		State					instructions.	
Web Fil		ur return at www.tax.nv.cov						
		ur return at www.tax.ny.gov						
		2 — Registered distributors only						
		— Motor fuel distributors: enter $\boldsymbol{0}$ in boxes 3, 8		distrik	outors: enter <i>0</i> in boxes,	11, 16, a	and 21. You must file by the due	
		o tax is due. There is a \$50 penalty for late filing						
Part 1 — Computation of sales tax prepayment on motor fuel — registered distributors only								
		A – Number of gallons subject to tax B – Sal	mn 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	
Credit	s: so	Id to exempt purchasers or exported; loss d	ue to shrinkage, evaporation	on, o	r handling; or casualty	loss		
	4a	Region 1 total		4a				
	4b	Region 2 total		4b				
	5	5 Net credits (add lines 4a and 4b)						
	6	Refunds previously requested on Form AU-	629	6				
	7	Total credits on motor fuel (subtract line 6 from					7	
	8	Net sales tax prepayment due on motor fue	,				8	

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

		A - Number of gallons subject to tax	allons 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		
Credi	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	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		
Credi	t ca	rryforward							
	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	due (subtract line 20 from line 17; attach a check or money order for this amount; see instructions)						
Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back									

For office use only

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				
Adj	justments 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 2	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.

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

Need help?

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