

Department of Taxation and Finance

Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators



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.

Sales tax vendor identification number		Business tele	phone number		dress or business
		()		information	•
Legal name				website; otherwis Tax Information (help? on page 2)	nailing address, visit our se, call the Miscellaneous Center (see <i>Need</i> or enter your correct
DBA (doing business as) name				Form DTF-96, R	orm. You may also use eport of Address Change Accounts, to update your
Street address				information (as w complete and se	To change additional vell as your address), nd in Form DTF-95,
City	State		ZIP code	Business Tax Ac You can get thes or by phone. See	e forms from our website,
Mark an X in the appropriate box to indi	cate the period cover	ed by this report.			
Mar 1 – May 31, 2016 Due: Jun 20, 2016	Jun 1 – Aug 31, 20 Due: Sep 20, 2016		1 – Nov 30, 2016 Dec 20, 2016	Dec 1, 201 Due: Mar 2	6 – Feb 28, 2017 20, 2017
requested information for all business lo	• Every retail vendor purchasing, selling, or using motor fuel or highway diesel motor fuel must file this form each quarter. Use this form to report the requested information for all business locations for which you file sales tax returns under the sales tax identification number above. You must file a separate Form FT-943 for each location having a separate sales tax identification number.				
 Use this form to account for motor fuel or highway diesel motor fuel held at retail service stations (including fixed bases). You must file this form in addition to any other inventory report required as a result of your other business activities. 					at file this form in
Failing to file this form, or willfully filing a	a false form, is a misde	emeanor.			
Please read the instructions for each part	before completing this	report.			
Part 1 – Business description					
Mark an X in the box(es) that describe(s) 1. Service station operator	your motor fuel or dies	el motor fuel business	You may mark an X ir	n more than one box.	
2. Motor fuel or diesel motor fuel who	olesaler or jobber				
3. Registered distributor of motor fue	l #M –				
4. Registered distributor of diesel mo	otor fuel #D				
5. Registered distributor of kero-jet f	uel #K –				
Part 2 – Inventory reconciliation (report by type of fuel,)			
For lines 1 through 5, add amounts in colukero-jet fuel, preface the number of gallon	imns A, B, and C and e s with a capital K).	enter totals in column I	D. Enter figures for high	hway diesel motor fuel	in column E (for
Line 1 – Indicate by gallons and type of fuel, the retail service station or fixed-base inventory on hand at the beginning of the quarter. The opening					
inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures do not correspond. Line 2 – Enter, by type, the number of gallons of motor fuel or highway diesel motor fuel purchased or transferred from your non-retail marketing					
locations to your retail service st				ened nom your non-re	lan marketing
Line 3 – Add lines 1 and 2 to determine the amount of motor fuel or highway diesel motor fuel available for sale. Line 4 – Enter, by type, the number of gallons of motor fuel or highway diesel motor fuel sold or used during the quarter.					
Line 4 – Enter, by type, the number of ga Line 5 – Subtract line 4 from line 3. The a next quarter.					inventory for the
	Motor 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.	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 includes kerosene compounds and propane.

** Premium fuel includes unleaded premium and aviation gasoline.

** 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.

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).

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, *Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel Return*, 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	Signature of authorized person		Official title		
persor	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	Signature of individual preparing this return	Address	City	State	ZIP code
only (see instr.)	E-mail address of individual preparing this return	Telephone number	Preparer's NYTPRIN	NYTPRIN excl. code	Date

Signature

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

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

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

Paid preparer's responsibilities – Under the law, all paid preparers must sign and complete the paid preparer section of the form. Paid preparers may be subject to civil and/or criminal sanctions if they fail to complete this section in full.

When completing this section, enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. If you are not required to have a NYTPRIN, enter in the *NYTPRIN excl. code* box one of the specified 2-digit codes listed below that indicates why you are exempt from the registration requirement. You **must** enter a NYTPRIN **or** an exclusion code. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

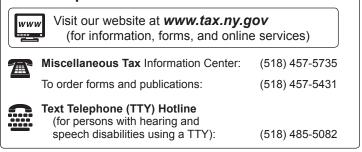
Code	Exemption type	Code	Exemption type
01	Attorney	02	Employee of attorney
03	СРА	04	Employee of CPA
05	PA (Public Accountant)	06	Employee of PA
07	Enrolled agent	08	Employee of enrolled agent
09	Volunteer tax preparer	10	Employee of business preparing that business' return

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?



Privacy notification – New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.