

Department of Taxation and Finance

Prepaid Sales Tax – Motor Fuel Wholesaler's Detail Report

FT-945/1045-W

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	ions (Form FT-945/1045- the Metropolitan Commu			n for your record	S.		0110		
Legal name					Sales tax	Sales tax vendor identification number			
Part 1 – M	CTD wholesalers –	Purchase informa	tion						
Date of purchase	Seller's name	Seller's EIN	Loading site (city, state)	Product type *	Bill of lading	Terminal control number (TCN)	Total gallons purchased		
				-					
Total gallons fr	om attached sheets (if applie	cable)							
-	urchased (enter here and on a								
			no douviey, erner by						
	CTD wholesalers -			1-					
Date of sale	Purchaser's name	Purchaser's EIN	Delivery address (street, city, ZIP code)	Product type *	Bill of lading	DEC bulk storage site number	Total gallons sold		
				-					
				-					
				-					
				-					
				-					
Total gallons fr	om attached sheets (if applie	cable)							
Total gallons s	old (enter here and on Form F	T-945/1045, line 39a; if no ac	tivity, enter 0)						

Legal name	Sales tax vendor identification number					

Part 3 – Non–MCTD wholesalers – Purchase information

Seller's name	Loading site (city, state)	Seller's EIN	Product type *	Total gallons purchased
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allons from attached sheets (if annlicable)				
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*From Publication 902, Product Codes for Fuels.