

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	ephone number	Has your ad information	dress or business changed?
Legal name					mailing address, ; otherwise, call the fax Information Center
DBA (doing business as) name				may also use Fo	? on page 2). You orm DTF-96, <i>Report</i> nge for Business Tax
Street address				address. To cha (as well as your	date your mailing nge additional information address), complete and IF-95, <i>Business Tax</i>
City	State		ZIP code	Account Update	e, or by phone. See <i>Need</i>
				help?.	s, or by phone. See Need
Mark an X in the appropriate box to indi	cate the period cover	ed by this report.			
Mar 1 – May 31, 2021	Jun 1 – Aug 31, 202	21 Sep	1 – Nov 30, 2021	Dec 1, 202	21 – Feb 28, 2022
Due: Jun 21, 2021	Due: Sep 20, 2021	Due:	Dec 20, 2021	Due: Mar	21, 2022
 Every retail vendor purchasing, selling, requested information for all business to separate Form FT-943 for each location 	ocations for which you f	file sales tax returns u	nder the sales tax iden		
Use this form to account for motor fuel addition to any other inventory report re				fixed bases). You mu	st file this form in
Part 1 – Business description					
Number of locations – Ind diesel motor fuel and that a			ate at which you make	retail sales of motor f	uel or highway
PBS number			ertificate number issued		
	if necessary	, to list all site number	s reported under the s	ales identification num	ber above.
Mark an \boldsymbol{X} in the box(es) that describe(s)	your motor fuel or high	way diesel motor fuel b	ousiness. You may ma	rk an X in more than o	ne box.
1. Service station operator		4.	Registered distributo	r of motor fuel	
2. MCTD motor fuel wholesaler		5.	Registered distributo	r of diesel motor fuel	
3. Non-MCTD motor fuel wholesaler		6.	Registered distributo	r of kero-jet fuel	
Part 2 – Inventory reconciliation (report by type of fuel)				
For lines 1 through 5, add amounts in colu		enter totals in column [Enter figures for high 	hway diesel motor fuel	in column E (for
kero-jet fuel, preface the number of gallon Line 1 – Indicate by gallons and type of fu		ation or fixed-base inv	entory on hand at the	beginning of the quart	er. The opening
inventory should be the same as	the previous quarter's	closing inventory; atta	ach an explanation if th	iese figures do not co	rrespond.
Line 2 - Enter, by type, the number of ga	llons of motor fuel or hi	ghway diesel motor fu	el purchased or transf	erred from your non-re	tail marketing
locations to your retail service st Line 4 – Enter, by type, the number of ga			el sold or used during	the quarter	
Line 5 – Subtract line 4 from line 3. The a	mount on line 5 is you	r closing inventory for	the quarter, and should	d also be your opening	inventory for the
next quarter.	1		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.	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.
	-	es kerosene compounds a		5	5
** 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 de	esignated No. 4 diesel fu	el.		
			otor fuel that is designate rmers to reach adjacent la		
			fuel which is not non-high		

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 fuel purchased in New York State during the 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 an MCTD or non-MCTD motor fuel wholesaler, and reported a transfer of motor fuel from your non-retail marketing locations to your retail

service station in Part 6 of Form FT-945/1045, *Prepaid Sales Tax 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 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.

A – Name and ID number of supplier	B – Address of supplier (street, city, state, and ZIP code)	C – Type of fuel	 D – Total gallons purchased
(Name)			
(ID number)			
Attach additional sheets, if necessary, to list all suppliers for the	reporting period.		

	Signature of authorized person		Official title	
Authoriz	ed			
persor	Email address of authorized person		Telephone numbe	r Date
-			()	
Paid	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
preparer	Signature of individual preparing this report	Address	City	State ZIP code
use			-	
only	Email address of individual preparing this report	Telephone number	Preparer's NYTPRIN	NYTPRIN Date
(see instr.)		()		excl. code

Signature

If you are a sole proprietor, you must sign the report and print your title, email address, 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, email address, 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

พพพ

Mail your report to: NYS Tax Department, Petroleum Tracking Unit, PO Box 15197, Albany NY 12212-5197.

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

Need help?

Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Miscellaneous Tax Information Center:	518-457-5735
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

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 for personal information, 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.