

FT-945/1045

Department of Taxation and Finance

Prepaid Sales Tax	on	
Motor Fuel/Diesel	Motor Fi	uel Return

For the period May 1, 2021, through May 31, 2021, only; due June 21, 2021.

Sales tax vendor identification number	Business telephone number	Daytime telephone number						
	()	()						
Legal name			Mandate to use Sales Tax Web File – Most filers fall under this requirement (see instructions).					
DBA (doing business as) name			Has your address or business information changed? – To					
Street address			update your mailing address, visit our website (see <i>Need help?</i> in Form FT-945/1045-I).					
City State		ZIP code	,					
See Form FT-945/1045-I, Instructions for Form FT-945/1045, before completing any entries.								

Pay amount shown on Part 5, line 32c. Make payable in U.S. funds to: **New York State Sales Tax** Attach your payment here. (*Detach all check stubs*; see instructions for details.) Payment enclosed

03

No activity? – 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. Motor fuel distributors: enter **0** on lines 4, 13, 32c and 33; diesel motor fuel distributors: enter **0** on lines, 17, 22, 32c and 33; all motor fuel wholesalers: enter **0** on lines 28, 32c and 33. Part 1 – Registered motor fuel distributors only (see instructions)

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		A – Number of ga	llons subject to tax		ales tax rate	C –	Tax due (column A $ imes$ column E	3)		
1	Region 1			×	\$.160 =	1				
2	Region 2			×	\$.160 =	2				
3	Region 3			×	\$.150 =	3				
Cred	lits: sold to e	exempt purchas	ers or exported;	loss from sh	rinkage, evaporatio	on, or	handling; or casualty los	S		
5a	Region 1 tota	al				5a		_		
5b	Region 2 tota	al				5b		_		
5c	Region 3 tota	al				5c				
6	Net credits (a	add lines 5a, 5b, a	nd 5c)					_		
7	Refunds prev	viously requested	on Form AU-629)		7		_		1
8				-						
					e 4)			9		
Mot	or fuel regio	onal tax adjust	ment workshe		Γ			1		
			A – Number of ga	llons transferred		С	- Adjustment (col. A × col. B)	_	D – Net adjustment	
	Region 1 to	-			\$.000	10a				
	Region 3 to	-			× \$.010 =	10b		_		
	Region 3 to	-			× \$.010 =	10c		_		_
			10a, 10b, and 10c	in column C)				10d		
	Region 1 to	•			× \$.010 =	11a		_		
	Region 2 to				\$.000	11b				
	Region 2 to	-			× \$.010 =	11c		_		1
	-				-					
								13		
Part	2 – Registe		tor fuel distrib		,					
		A – Number of ga	llons subject to tax		ales tax rate	1	Tax due (column A × column E	3)		
	Region 1				\$.160 =	14		_		
	Region 2				\$.160 =	15		_		
	Region 3				\$.150 =	16		_		1
								17		
			nasers, exporte		•			_		
	0					18a		_		
	0					18b		_		
	0					-		_		
	•							_		
20	Refunds prev	viously requested				20				-
	21 Total credits on diesel motor fuel (subtract line 20 from line 19) 21								1	

22 Total prepaid sales tax due on diesel motor fuel (subtract line 21 from line 17) ... 22



Sales tax vendor identification number

Part 3 – Metropolitan Commuter Transportation District (MCTD) motor fuel wholesalers only (see instructions)

Motor fuel regional tax adjustment worksheet

	A – Number of gallons transferred B – Differential rate C – Adjustment (column A × column B)					D – Net adjustment			
23a	Region 1 to Region 2		\$.000	23a	, , , , , , , , , , , , , , , , , , , ,				
23b	Region 3 to Region 1		× \$.010 =	23b			-		
23c	Region 3 to Region 2		× \$.010 =	23c					
23d	Subtotal 1 (total due; add lines	23a, 23b, and 23c in column C)					23d		
24a	Region 1 to Region 3		× \$.010 =	24a					
24b	b Region 2 to Region 1 \$.000 24b					1			
24c	Region 2 to Region 3		× \$.010 =	24c					
24d	4d Subtotal 2 (total overpayment; add lines 24a, 24b, and 24c in column C)								
25	25 Motor fuel regional tax adjustment total (subtract line 24d from line 23d)						25		
Part	4 - MCTD and non-MCTE) motor fuel wholesalers – d	credits (see instruc	tions)					
Cree	lits: sold to exempt purch	nasers or exported							
26a	Region 1 total			26a					
				26b					
26c	Region 3 total			26c					
27	Total credits on motor fuel (ad	ld lines 26a, 26b, and 26c)					27		
Part	5 – Distributors, MCTD a	nd non-MCTD motor fuel w	holesalers – com	puta	tion of prepaid sales	s tax	or cr	edit due (see instructi	ions)
28. Total prepaid sales tax due on motor fuel and diesel motor fuel (add lines 13, 22, and 25; subtract line 27)							28		

28	Total prepaid sales tax due on motor fuel and diesel motor fuel (add lines 13, 2		28			
29	Credit for an overpayment of sales tax made in a prior period	29				
30	PrompTax payment	30				
31	Subtotal (add lines 29 and 30)		31			
32a	Net balance due (subtract line 31 from line 28)	3	32a			
32b	Penalty and interest (see instructions)	3	32b			
32c	Total amount due (add lines 32a and 32b)	3	32c			
33	Amount paid (see instructions)	L	33			
32b 32c	Penalty and interest (<i>see instructions</i>) Total amount due (<i>add lines 32a and 32b</i>)			3	82b 82c	

If the total amount due on line 32c is an overpayment, apply for a refund using Form FT-949 or Form FT-1010.

Distributors are not required to complete Part 6. Sign and date your return below.

MCTD and non-MCTD motor fuel wholesalers; continue with Part 6 below.

Part	6 - MCTD and non-MCTD motor fuel wholesalers - inventory reconci	liatio	on (in gallons) (see instruct	ions)	
34	Opening inventory of motor fuel	34			
	stments to motor fuel inventory				
35	35 Purchased in-state (from Form FT-945/1045-W, Part 1 or Part 3)				
36	Other gain (or loss) to inventory				
37 Net adjustments to inventory (add lines 35 and 36; if line 36 is a loss, subtract line 36 from line 35)					
38	Motor fuel available for sale (add lines 34 and 37)	38			
39a	MCTD wholesalers - motor fuel sold, used, or transferred (from Form FT-945/1045-W	39a			
39b	Non-MCTD wholesalers - motor fuel sold, used, or transferred (see instructions)	39b			
40	Closing inventory (MCTD motor fuel wholesalers: subtract line 39a from line 38; non-M				
	subtract line 39b from line 38)			40	

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

Authoriz		Signature of authorized person		Official title			
person	ו	Email address of authorized person		1	Telephone numbe	r	Date
Paid	Firm	's name (or yours if self-employed)		Firm'	s EIN	Preparer's	PTIN or SSN
preparer use	Sign	nature of individual preparing this return	Address		City	State	ZIP code
only (see instr.)	Ema	ail address of individual preparing this return	Telephone number ()	Preparer	's NYTPRIN	NYTPRIN excl. code	Date

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

