2	NEW YORK STATE
	Yes .

Department of Taxation and Finance

Highway Use Tax Return



						-	Taxpayer ID	) number	
<b>Only</b> mark :	an <b>X</b> in a box if applicat	ole (see instructions).				•			
	eturn <i>(if permanently disco</i>	ontinuing business)		Amended	return		Period cove Begin date	red: End da	ite
Legal name							(mmddyy)	(mmddy	
Mailing add	ess (Number and street or P	O Box)							
inaling add							Due date <i>(mm</i>		
City				State	ZIP code				
US DOT #			inforn chang	nation by visitin	g our website s for further in:	(see Need H	Help? in Form N	dress and other bus AT-903-I). Select the ation see <i>Change o</i>	e option to
	nstructions 903-I) before filling Irn	Payment: Make y COMMIS Write your taxpay return on your ch	your check o SIONER O yer ID numb	or money or OF TAXATIO ber, MT-903	der payabl <b>DN AND Fl</b> , and the po	INANCE eriod cove	ered by this		
Mark	an <b>X</b> in the box if you ha			•	•	-			he form.
	,,,,,,, _								
nter the <b>t</b>	otal taxable miles trave	aled in New York St	ate for this I	period by all	vehicles				
			-	-					
nter the <b>to</b>	otal miles (including T	hruway miles) trav	/eled in Ne	w York Stat	e for this p	eriod by a	all vehicles .		
	n the box to indicate fili		annot be					mark an <b>X</b> in o	ne of the
	iring the calendar year:	-		boxes belo					
gross	weight method	」 unloaded weigh	it method		-	-		notor vehicles)	
						are exen	npt (exampl	e: crane, mail, l	nousehol
4 Linhuu		ala (Finat agreenlate (	Cobodulo 4	goods,					
	ay use tax schedule tota nd 1b below.)	als (First complete a	schedule 1	or Schedu		n, and the	en enter tota	IS IN DOXES	
Sche	dule 1 total tax		Schedule	2 total tax			Total high	way use tax (ad	dd 1a and
la •		1b. (					1c ●		
-	ghway use tax overpay		-	opv of Form I	<i>AT-927</i> )				
	Fuel use tax credits can		•		,		2•		
3 Highwa	ay use tax due <i>(subtract</i> )	line 2 from line 1c)					3•		
	ing penalty (see instruction	,							
	ing interest (see instruction								
•	add lines 3, 4, and 5)						1		
	t previously paid for this e due <i>(subtract line 7 fron</i>								
			., -						
ertificatio	<b>n:</b> I certify that this retu Printed name of authorized p			the best of of authorized pe	•	dge and b	Official title	orrect, and com	iplete.
Authorized		Jerson	Signature d	i autionzeu pe	15011				
person	Email address of authorized	person				Telephone r	number	Date	
Paid	Firm's name (or yours if self-en	nployed)			Firm's	EIN		Preparer's PTIN or	SSN
preparer	Signature of individual prepa	aring this return	Address			(	City	State Z	IP code
use only (see instr.)	Email address of individual p	J			Prepare	r's NYTPRIN	,	l. code Date	- 240
(300 11311.)								fice use only	
	Keep	a copy for your reco	ords				10101	nee use only	
						1			



## Page 2 of 2 MT-903 (10/23)

To compute the tax due on the schedules below, see the *Tax rate tables for highway use tax* on Form MT-903-I, *Instructions for Form MT-903*. Be sure to use the proper tables for your reporting method. If you have any questions, see *Need help?* in Form MT-903-I.

## Highway use tax - Schedule 1

Do not report Thruway mileage or vehicles required to be included in Schedule								
Vehicle information		Laden			Unladen			
АВС	D	E	F	G	Н	_		
Permit # or Gross Unloaded certificate # weight weight	Taxable miles in New York State		Tax (D x E)	Taxable miles in New York State	Rate (see instr.)	Tax (G x H)		
If you need additional lines, photocopy this page or attach computer printouts.	10 Total from a schedule 11 Subtotal (ad	9 Total of column F			12 Total of column I     13 Total from attached schedule(s)     14 Subtotal (add lines 12 and 13)			
<ul><li>15 Enter line 11 amount here</li><li>16 Schedule 1 total tax (add lines 14 and</li></ul>								

## Highway use tax - Schedule 2

Complete this schedule only if you operate 3 or fewer vehicles per month hauling certain timber products or bulk raw milk. If you operate more than 3 such vehicles, do not complete *Schedule 2*; list all the vehicles in *Schedule 1* (see instructions).

				Do not report Thruway mileage or vehicles required to be included in Schedule 1.							
Vehicle information				Laden				Unladen			
	J K L		M N		0		Р	Q	R		
	Permit # or certificate #	Gross weight	Unloaded weight	Taxable miles in New York State	Rate (see instr.)	Tax (M x N)		axable miles in New York State	Rate (see instr.)	Tax (P x Q)	
	Attach cor	nputer printo	outs if used.	<ul><li>18 Total from a schedule</li><li>19 Subtotal (action)</li></ul>	(s)			Total from a schedule( Subtotal <i>(ad</i>	ttached (s)		
24	24 Schedule 2 total tax (add lines 22 and 23; enter the result here and on line 1b on the front page)										

For mailing instructions, see Where to file in Form MT-903-I.

