

Return of Tax on Diesel Motor Fuel

Month _____ 19 _____

If not preprinted, enter name and address in the space below. If preprinted name or address is incorrect, please correct and complete Form DTF-95, Change of Business Information. If you need a Form DTF-95, call toll free (from New York State only) 1 800 462-8100; from areas outside New York State, call (518) 438-1073.

Returns must be filed monthly, no later than 20 days after the end of the month to which the return applies.

Empty box for name and address.

If not preprinted, enter the month and year for which return is being filed. Keep one copy of return for your records.

Attach check or money order payable to Commissioner of Taxation and Finance. Mail to: P.O. Box 1633, Albany, NY 12201.

Business phone

Check all of your source(s) of supply: Tank car, Vessel, Tank truck, Pipeline, Other (specify):

Federal identification number or social security number D-

Do you own or operate truck stops or service station outlets? Yes No If Yes, how many?

Inventory and Purchases (Please read the instructions, Form MT-1000-I, before completing.)

Table with 7 rows for inventory and purchases, including opening inventory, receipts, and closing inventory.

Nontaxable Distribution

Table with 18 rows for nontaxable distribution, including sales to distributors, transfers, and consumers.

Computation of Tax

Table with 19 rows for tax computation, including taxable gallons, tax due, and adjustments.

Please complete Summary of Taxable Sales and the Certification on the back.

