New York State Department of Taxation and Finance

Highway Use Tax Return

MT-903-MN

Period covered by return:	
Due date:	

Taxpayer identification number
Name
Street
City, State, ZIP code

If there are any changes in your business name, ID number, mailing or business address, telephone number or owner/officer information, complete Form DTF-95, *Change of Business Information*. If you need a form, call toll free 1 800 462-8100. From areas outside the U.S. and Canada, call (518) 485-6800.

Read the enclosed instructions (Form MT-903-I) before completing this return.	**PAYMENT:** Make your check payable, in U.S. funds, to: ***Commissioner of Taxation and Finance*** Write your identification number, MT-903 and the period covered by the return on your check.	**Amount of Remittance** $

☐ Check this box if you had no activity in New York State for this period, and enter *NONE* on line 3 below; no further entries are necessary.

Enter the total miles (**including Thruway miles**) traveled in New York State for this period by all vehicles.	**Total New York Miles**

Truck Mileage Tax

Complete lines 1 through 6 below unless you check one of the boxes on the right.

If no truck mileage tax is due for this period, check one of the boxes below and enter **none** on line 3.

☐ a. All miles reported by another (leased motor vehicles).

☐ b. All motor vehicles are exempt (example: omnibuses,etc.)

1. **Truck Mileage Schedule Totals** - (First complete Schedule 1 and/or Schedule 2 on back and then enter final totals on lines 1a and 1b below.)

Schedule 1 Total Tax	Schedule 2 Total Tax	Total Truck Mileage Tax *(add 1a and 1b)*
1a.	1b.	1c.

2. **Prior Truck Mileage Tax Overpayments to be applied** *(attach a copy of Form MT-927)* Note: Fuel use tax credits cannot be used to reduce truck mileage tax	2	
3. **Truck Mileage Tax Due** *(subtract line 2 from line 1c)*	3	
4. Late filing penalty *(see instructions - Form MT-903-I)*.	4	
5. Late filing interest *(see instructions - Form MT-903-I)*.	5	
6. **Total amount due** *(add lines 3, 4 and 5)*.	6	

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Date	Signature	Official title	Telephone number
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return	
Paid preparer's ID number	Paid preparer's mailing address		Preparer's telephone number

Mail to:

NYS TAX DEPARTMENT
HIGHWAY USE TAX
P O BOX 1913
ALBANY NY 12201-1913

For Office Use Only

• **Please keep one copy for your records.** •

Truck Mileage Tax Schedules for Periods Starting on and after January 1, 1996

Indicate filing method - method cannot be changed during the calendar year

( ) gross weight method ( ) unloaded weight method

Truck Mileage Tax - Schedule 1

Vehicle Information			Do not report Thruway mileage or vehicles required to be included in Schedule 2					
			Laden			Unladen		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Permit Number	Gross Weight	Unloaded Weight	Taxable miles in New York State	Rate (see instructions)	Tax (d) x (e)	Taxable miles in New York State	Rate (see instructions)	Tax (g) x (h)
For additional vehicles photocopy this page or attach computer printouts.			Total of column (f)			Total of column (i)		
			Total from attached schedule(s)			Total from attached schedule(s)		
			Subtotal			Subtotal		
						Enter this amount here →		

Add the two subtotal amounts and enter this amount on line 1a of Section I - Truck Mileage Tax → **Schedule 1 Total Tax**

Truck Mileage Tax - Schedule 2

Complete only if you operate 3 or fewer vehicles per month hauling certain timber products or bulk raw milk (see instructions)

Vehicle Information			Do not report Thruway mileage or vehicles required to be included in Schedule 1					
			Laden			Unladen		
(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)
Permit Number	Gross Weight	Unloaded Weight	Taxable miles in New York State	Rate (see instructions)	Tax (m) x (n)	Taxable miles in New York State	Rate (see instructions)	Tax (p) x (q)
For additional vehicles photocopy this page or attach computer printouts.			Total of column (o)			Total of column (r)		
			Total from attached schedule(s)			Total from attached schedule(s)		
			Subtotal			Subtotal		
						Enter this amount here →		

Add the two subtotal amounts and enter this amount on line 1b of Section I - Truck Mileage Tax → **Schedule 2 Total Tax**