



Report of Sales Tax Prepayment On Motor Fuel/Diesel Motor Fuel

0101

For the period March 1, 2000, through March 31, 2000, only; due April 20, 2000.

Form with fields for Sales tax vendor identification number, Business telephone number, Daytime telephone number, Legal name, DBA, Street, City, state, ZIP code, and Change of business information.

Part I — Computation of sales tax prepayment on motor fuel — registered distributors only

Table with columns for fuel type (Regular, Mid-grade, Premium), gallons, and tax prepayment per gallon. Includes sub-totals for Region 1 and Region 2, and a final total for gross sales tax prepayment.

Part II — Computation of sales tax prepayment on diesel motor fuel — registered distributors only

Table with columns for diesel motor fuel gallons and sales tax prepayment per gallon. Includes sub-totals for Region 1 and Region 2, and a final total for gross sales tax prepayment.

- Write on the check or money order your identification number, form number FT-945/1045, and the period you are reporting: March 1, 2000, through March 31, 2000. Make the check or money order payable to New York State Sales Tax.
• Do not include the sales tax prepayment reported on this return in any other sales tax return, schedule, or report.

Signature of vendor, Title, Telephone number, Date, Signature of preparer if other than vendor, Telephone number, Date, Address

For office use only

Part III — Inventory reconciliation of motor fuel (in gallons) — sellers of motor fuel other than registered distributors only

24	Opening inventory of motor fuel (see instructions)		24
Adjustments to motor fuel inventory:			
25	Purchased in-state	25	
26	Other gain (or loss) to inventory (see instructions)	26	
27	Net adjustments to inventory (see instructions)		27
28	Motor fuel available for sale (add lines 24 and 27)		28
29	Motor fuel sold, used, or transferred (see instructions)		29
30	Closing inventory (subtract line 29 from line 28)		30

Part IV — Supplemental information — sellers of motor fuel other than registered distributors only

If you are not a registered distributor of motor fuel (Article 12-A), check here and see instructions for attachments required.

**Use labeled form and return envelope for filing your return.
Mail your return and payment on or before April 20, 2000, in the enclosed envelope to the address below.**

All vendors, including those located outside New York State, mail your completed return to: NYS SALES TAX PROCESSING
BOX 5464
NEW YORK NY 10087-5464

If you are enrolled in the PromptTax program, please use the preaddressed envelope provided.

If you are using a private delivery service, address the return envelope to: **The Chase Manhattan Bank, NYS Government Tax Processing, 12 Corporate Woods Blvd — 4th Floor, Albany NY 12211-2524**

For a listing of designated services, see Publication 55, *Designated Private Delivery Services*.

Need help?



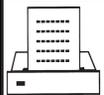
Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Internet access: <http://www.tax.state.ny.us>



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:
NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
W A HARRIMAN CAMPUS
ALBANY NY 12227