New York State Department of Taxation and Finance

Quarterly Inventory Report by Retail Service Stations and Fixed Base Operators

FT-943
(8/06)

Do not attach this report to your sales tax return or use it to report sales or to remit sales tax due. This is an information report, **not** a sales tax return.

Sales tax vendor identification number	Business telephone number
	( )
Legal name	
DBA (doing business as) name	
Street address	
City / State / ZIP code	

Use labeled form and return envelope for filing.
For the period **June 1, 2006,** through **August 31, 2006** (due **September 20, 2006**).

Change of business information
If your mailing address is incorrect on the label and you have not previously notified us, enter your correct mailing address next to your preprinted address. If your mail is forwarded to a paid preparer or if your name, employer identification number, physical address, or owner/officer/responsible person information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, or by fax or phone. See *Need help?* on the back.

- Every retail vendor purchasing, selling, or using motor fuel or diesel motor fuel must file this form each quarter. Use this form to report the requested information for all business locations for which you file sales tax returns under the sales tax identification number above. You must file a separate Form FT-943 for each location having a separate sales tax identification number.
- Use this form to account for motor fuel or diesel motor fuel held at retail service stations (including fixed bases). You must file this form in addition to any other inventory report required as a result of your other business activities.
- Failing to file this form, or willfully filing a false form, is a misdemeanor.

Please read the instructions for each part before completing this report.

Part 1 — Business description

Mark an ***X*** in the box(es) that describe(s) your motor fuel or diesel motor fuel business. You may mark an ***X*** in more than one box.

☐ 1. Service station operator
☐ 2. Motor fuel or diesel motor fuel wholesaler or jobber
☐ 3. Registered distributor of motor fuel #M — _____
☐ 4. Registered distributor of diesel motor fuel #D — _____
☐ 5. Registered distributor of kero-jet fuel #K — _____

Part 2 — Inventory reconciliation *(report by type of fuel)*

For lines 1 through 5, add amounts in columns A, B, and C and enter totals in column D. Enter figures for diesel motor fuel in column E (for kero-jet fuel, preface the number of gallons with a capital ***K***).

Line 1 — Indicate by gallons and type of fuel, the retail service station or fixed-base inventory on hand at the beginning of the quarter. The opening inventory should be the same as the previous quarter's closing inventory; attach an explanation if these figures **do not** correspond.
Line 2 — Enter, by type, the number of gallons of motor fuel or diesel motor fuel purchased or transferred from your non-retail marketing locations to your retail service stations (or fixed bases) during the quarter.
Line 3 — Add lines 1 and 2 to determine the amount of motor fuel or diesel motor fuel available for sale.
Line 4 — Enter, by type, the number of gallons of motor fuel or diesel motor fuel sold or used during the quarter.
Line 5 — Subtract line 4 from line 3. The amount on line 5 is your closing inventory for the quarter, and should also be your opening inventory for the next quarter.

	Motor fuel				E
	A Regular unleaded*	**B** Mid-grade unleaded	**C** Premium unleaded**	**D** Total *(A + B + C)*	Diesel motor fuel ***
1 Opening inventory	gal.	gal.	gal.	gal.	gal.
2 Additions to inventory *(see instructions above)*	gal.	gal.	gal.	gal.	gal.
3 Fuel available for sale *(add lines 1 and 2)*	gal.	gal.	gal.	gal.	gal.
4 Fuel sold or used.....	gal.	gal.	gal.	gal.	gal.
5 Closing inventory *(subtract line 4 from line 3)*	gal.	gal.	gal.	gal.	gal.

* Unleaded fuel includes kerosene compounds and propane.
** Premium fuel includes unleaded premium and aviation gasoline.
*** Diesel motor fuel is kerosene (including kero-jet), crude oil, and middle distillates or motor fuels suitable for use in the operation of an engine of the diesel type.

Part 3 — Summary of motor fuel and diesel motor fuel purchases

Retail vendors must report motor fuel purchases (if not registered as a motor fuel distributor) and diesel motor fuel purchases (if not registered as a diesel motor fuel or kero-jet fuel distributor). Complete columns A through D for appropriate fuels purchased this quarter.

Column A
For motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on either Form FT-935, *Certification of Taxes Paid on Motor Fuel (Prepayment of Sales Tax and Payment of the Motor Fuel Tax and the Petroleum Business Tax)*, or on another document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase motor fuel.

If you are a wholesaler, jobber, etc., and reported a transfer of motor fuel from your non-retail marketing locations to your retail service station in Part 3 of Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, enter ***self*** in column A and complete the information requested in columns C and D for that fuel.

For diesel motor fuel purchases:

Enter the name and identification number of the supplier from whom the fuel was purchased as it appears on either Form FT-1000, *Certificate of Prepayment or Payment of Taxes on Diesel Motor Fuel*, or on another document given to you certifying that the taxes were paid. **List all** suppliers from whom you purchase diesel motor fuel.

Column B — Enter the address (street, city, state, and ZIP code) of each supplier listed in column A.

Column C — Indicate the type of fuel purchased by entering ***U*** (regular unleaded), ***M*** (mid-grade unleaded), ***P*** (premium unleaded), ***D*** (diesel), or ***K*** (kero-jet).

Column D — Enter the total number of gallons for each type of fuel purchased during the quarter from that supplier.

Enter the information requested in columns A through D for those purchases of automotive fuel made in New York State.

A Name and ID number of supplier	**B** Address of supplier	**C** Type of fuel	**D** Total gallons purchased
(Name) (ID number)			

Attach additional sheets, if necessary, to report all suppliers for the reporting period.

Number of locations — Indicate the number of locations in New York State at which you make **retail** sales of motor fuel or diesel motor fuel and that are covered by this report.

Signature of owner or authorized representative		
Title	Telephone number ( )	Date / /
Signature of preparer (if other than vendor)	Telephone number ( )	Date / /

Mail to: **NYS TAX DEPARTMENT, PETROLEUM TRACKING UNIT, PO BOX 5500, ALBANY NY 12205-0500.**

If you are using any private delivery service, address your report to: NYS Tax Department, Petroleum Tracking Unit, W A Harriman Campus, Albany NY 12227. (Designated private delivery services are listed in Publication 55. See ***Need help?*** below for information on ordering forms and publications.)

Need help?

Internet access: *www.nystax.gov*
(for information, forms, and publications)

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

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.
To order forms and publications: 1 800 462-8100
Business Tax Information Center: 1 800 972-1233
From areas outside the U.S. and outside Canada: (518) 485-6800

Hotline for the hearing and speech impaired:
If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a 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 1 800 972-1233.