FT-945/1045

(10/06)

New York State Department of Taxation and Finance

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

0807

For the period **October 1, 2006**, through **October 31, 2006**, only; due **November 20, 2006.**

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

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.

Part 1 — Computation of sales tax prepayment on motor fuel — registered distributors only

	A	B	C	D
	Type of fuel	Number of gallons subject to tax	Sales tax prepayment per gallon	Tax due (column B × column C)
Region 1	1 Regular			
	2 Mid-grade			
	3 Premium			
	4 **Total** *(add lines 1, 2, and 3)*		× $.1475 =	4
Region 2	5 Regular			
	6 Mid-grade			
	7 Premium			
	8 **Total** *(add lines 5, 6, and 7)*		× $.140 =	8

9	Gross sales tax prepayment on motor fuel *(add lines 4 and 8, column D)*	9	
10a	Credit(s) *(see instructions)*	10a	
10b	Refunds previously requested on Form AU-629	10b	
10c	Net credit *(subtract line 10b from line 10a)*	10c	
11	Other credits including casualty losses *(see instructions)*	11	
12	Total credits on motor fuel *(add lines 10c and 11)*	12	
13	Net sales tax prepayment due on motor fuel *(subtract line 12 from line 9; see instructions)*	13	

Part 2 — Computation of sales tax prepayment on diesel motor fuel — registered distributors only

	A	B	C
	Number of gallons subject to tax	Sales tax prepayment per gallon	Tax due (column A × column B)
Region 1	14	× $.1475 =	14
Region 2	15	× $.140 =	15

16	Gross sales tax prepayment on diesel motor fuel *(add lines 14 and 15)*	16	
17a	Credit(s) *(see instructions)*	17a	
17b	Refunds previously requested on Form AU-629	17b	
17c	Net credit *(subtract line 17b from line 17a)*	17c	
18	Credits for casualty losses *(see instructions)*	18	
19	Total credits on diesel motor fuel *(add lines 17c and 18)*	19	
20	Net sales tax prepayment due on diesel motor fuel *(subtract line 19 from line 16)*	20	
21	**Total prepaid tax due on motor fuel and diesel motor fuel** *(add lines 13 and 20)*	21	
22	PrompTax payment *(attach Form FT-945/1045-A,* Monthly Schedule FT*)*	22	
23	Balance due *(subtract line 22 from line 21; attach a check or money order for this amount; see back)*	23	

Parts 3 and 4 — Motor fuel wholesalers, jobbers, etc., proceed to Part 3 on the back

For office use only

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		

Part 3 — 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 *(add lines 25 and 26; if line 26 is a loss, subtract line 26 from line 25)*			**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 4 — Supplemental information — sellers of motor fuel other than registered distributors only

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

- Mail your return and payment **on or before November 20, 2006,** in the enclosed envelope to the address below.
- Make the check or money order payable to ***New York State Sales Tax***. Write on the check or money order your sales tax vendor identification number, ***FT-945/1045***, and ***10/1 - 10/31/06***.
- All vendors, including those located outside New York State, mail your completed return and payment to:

NYS SALES TAX PROCESSING
PO BOX 5464
NEW YORK NY 10087-5464

Note: If you are enrolled in the **PrompTax program,** please use the preaddressed envelope provided.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your return and tax payment. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: JPMorgan Chase, Lockbox, 4 Metrotech Center - 8th Floor West, Brooklyn NY 11245.

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

Sales Tax Information Center: 1 800 698-2909

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.