New York State Department of Taxation and Finance

Diesel Motor Fuel and Motor Fuel Transporter's Monthly Report

FT-942
(9/11)

For the month of _____ (month), _____ (year). **This report is due the 25th of the following month.**

Business name	Federal employer identification number (EIN)	Telephone number ( )	
Street address	City	State	ZIP code

A ☐ I am a New York registered Article 12-A motor fuel distributor, diesel motor fuel distributor, retailer of non-highway diesel motor fuel only, or distributor of kero-jet fuel only, currently filing tax returns, and transporting **only** my own fuel, which is accounted for on my tax return(s).

B ☐ I had no reportable transactions for the reporting period.

C ☐ I ceased operations as of _____ (mm-dd-yyyy) *(Attach license, if applicable; see instructions.)*

Part 1 — Import — Transportation of fuel from a point outside New York State to a point within the state

1 Date delivered *(mm-dd)*	2 Place of origin terminal control number (TCN) or name, city/state	3 Name of importer	4 EIN of the importer (required)	5 Place of destination TCN or name, city/state	6 Mode of delivery *(see instr.)*	7 Identification number of transportation equipment	8 Gallons	9 Product code*

See instructions for where to file.

* From Publication 902, *Product Codes for Fuels*

Business name	EIN	Month-year

Part 2 — Exports — Transportation of fuel from a point inside New York State to a point outside the state

1 Date shipped *(mm-dd)*	2 Place of origin TCN or name, city/state	3 Name of exporter	4 EIN of the exporter (required)	5 Place of destination TCN or name, city/state	6 Mode of delivery *(see instr.)*	7 Identification number of transportation equipment	8 Gallons	9 Product code*

* From Publication 902, *Product Codes for Fuels*