



Terminal Operator's Monthly Report of Diesel Motor Fuel and Motor Fuel Inventory

For the month of _____, _____
(month) (year)

This report is due the 25th of the following month.

Type or print clearly. Read instructions on Form FT-941/941.1-I carefully.

| | |
|--|--|
| Name of terminal operator | Terminal operator's license number (if any) T - |
| Business address (street) | Motor fuel registration number (if any) M - |
| City, State and ZIP code | Diesel motor fuel registration number (if any) D - |
| Address of facility (street) | Retailer of heating oil only registration number (if any) R - |
| City, State and ZIP code | Distributor of kero-jet fuel only registration number (if any) K - |
| Sales tax vendor identification number | Federal employer identification number |

- A. Check this box if you are registered under Article 12-A as a motor fuel distributor, a diesel motor fuel distributor, a retailer of heating oil only or a distributor of kero-jet fuel only and you store **only** your own fuel. If so, you do not have to account for your inventory of fuel below. Simply sign and date this report (see instructions).
- B. Enter the number of FT-941.1, *Terminal Operator's Individual Account Reconciliation*, forms attached.

| | Type of fuel stored (in gallons) | | | | | | | Total Gallons |
|--|----------------------------------|----------------|-------------|----------------------|---------------------|--------------------|------------------|---------------|
| | Kerosene | No. 2 Fuel Oil | Diesel Fuel | Other Diesel Product | Unleaded Motor Fuel | Premium Motor Fuel | Other Motor Fuel | |
| 1 Inventory per books (totals from attached Forms FT-941.1) | | | | | | | | |
| 2 Inventory of your product per books (to be used by persons registered under Article 12-A only) | | | | | | | | |
| 3 Total book inventory (add line 1 and line 2) . . . | | | | | | | | |
| 4 Physical inventory | | | | | | | | |
| 5 Inventory difference (subtract line 4 from line 3 and explain below) (enter any loss in brackets []) . . | | | | | | | | |
| 6 Date of physical inventory | | | | | | | | |

Explain the inventory difference amount reported on line 5 here. _____

I certify that this report, including any attachments, has been made with the knowledge that a willfully false representation is a crime under section 1812 of the Tax Law and sections 175.35 and 210.45 of the Penal Law punishable by fines and penalties stipulated therein and affirm that the statements contained herein are true, correct and complete.

| | | |
|---|-------|------|
| Signature of terminal operator or authorized representative | Title | Date |
| Signature of preparer, if other than terminal operator | | Date |
| Address | | |

Mail this form and all required attachments to: NYS Tax Department
Petroleum Tracking Unit
P O Box 5500
Albany NY 12205-0500