Department of Taxation and Finance

Highway Use Tax Return

MT-903

(10/23)

Taxpayer ID number

Only mark an ***X*** in a box if applicable *(see instructions)*.

☐ Final return *(if permanently discontinuing business)* ☐ Amended return

Period covered:
Begin date *(mmddyy)* End date *(mmddyy)*

Due date *(mmddyy)*

Legal name

Mailing address *(Number and street or PO Box)*

City | State | ZIP code

US DOT #

Change of business information – You can update your address and other business information by visiting our website (see *Need Help?* in Form MT-903-I). Select the option to change your address for further instructions. For more information see *Change of business information* in the instructions.

Read the instructions (Form MT-903-I) before filling out this return

Payment: Make your check or money order payable in U.S. funds to:
COMMISSIONER OF TAXATION AND FINANCE
Write your taxpayer ID number, ***MT-903,*** and the period covered by this return on your check or money order. **Enter payment amount** ....

• ☐ Mark an ***X*** in the box if you had no activity in New York State for this period, and enter ***0*** on line 3 below. Continue with the form.

Enter the **total taxable miles** traveled in New York State for this period by all vehicles ..... •

Enter the **total miles (including Thruway miles) traveled in New York State** for this period by all vehicles ..... •

Mark an ***X*** in the box to indicate filing method, which cannot be changed during the calendar year:

• ☐ **gross weight method** • ☐ **unloaded weight method**

If **no** highway use tax is due for this period, mark an ***X*** in one of the boxes below or enter ***0*** on line 3.

☐ All miles reported by another (leased motor vehicles)

☐ All motor vehicles are exempt (example: crane, mail, household goods, etc.)

1 Highway use tax schedule totals (First complete **Schedule 1** or **Schedule 2**, or both, and then enter totals in boxes 1a and 1b below.)

	Schedule 1 total tax	Schedule 2 total tax	Total highway use tax *(add 1a and 1b)*
	1a •	1b. •	1c •

2	Prior highway use tax overpayments to be applied *(attach a copy of Form MT-927)* **Note:** Fuel use tax credits cannot be used to reduce highway use tax	**2** •
3	Highway use tax due *(subtract line 2 from line 1c)*	**3** •
4	Late filing penalty *(see instructions)*	**4** •
5	Late filing interest *(see instructions)*	**5** •
6	**Total** *(add lines 3, 4, and 5)*	**6** •
7	Amount previously paid for this reporting period *(see instructions)*	**7**
8	Balance due *(subtract line 7 from line 6; enter a minus (-) sign in front of any negative amounts; see instructions)*	**8**

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	Email address of authorized person		Telephone number	Date
Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City State	ZIP code
	Email address of individual preparing this return		Preparer's NYTPRIN or Excl. code	Date

Keep a copy for your records

For office use only

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To compute the tax due on the schedules below, see the *Tax rate tables for highway use tax* on Form MT-903-I, *Instructions for Form MT-903*. Be sure to use the proper tables for your reporting method. If you have any questions, see ***Need help?*** in Form MT-903-I.

Highway use tax – Schedule 1

Do not report Thruway mileage or vehicles required to be included in Schedule 2.

Vehicle information			Laden			Unladen		
A Permit # or certificate #	**B** Gross weight	**C** Unloaded weight	**D** Taxable miles in New York State	**E** Rate *(see instr.)*	**F** Tax *(D x E)*	**G** Taxable miles in New York State	**H** Rate *(see instr.)*	**I** Tax *(G x H)*

If you need additional lines, photocopy this page or attach computer printouts.

9	Total of column **F**	**12**	Total of column **I** .....
10	Total from attached schedule(s)	**13**	Total from attached schedule(s) .....
11	Subtotal *(add lines 9 and 10)*	**14**	Subtotal *(add lines 12 and 13)* .....

15 Enter line 11 amount here .....

16 Schedule 1 total tax *(add lines 14 and 15; enter the result here and on **line 1a** on the front page)* .....

Highway use tax – Schedule 2

Complete this schedule only if you operate 3 or fewer vehicles per month hauling certain timber products or bulk raw milk. If you operate more than 3 such vehicles, do not complete *Schedule 2*; list all the vehicles in *Schedule 1 (see instructions)*.

Do not report Thruway mileage or vehicles required to be included in Schedule 1.

Vehicle information			Laden			Unladen		
J Permit # or certificate #	**K** Gross weight	**L** Unloaded weight	**M** Taxable miles in New York State	**N** Rate *(see instr.)*	**O** Tax *(M x N)*	**P** Taxable miles in New York State	**Q** Rate *(see instr.)*	**R** Tax *(P x Q)*

Attach computer printouts if used.

17	Total of column **O**	**20**	Total of column **R** .....
18	Total from attached schedule(s)	**21**	Total from attached schedule(s) .....
19	Subtotal *(add lines 17 and 18)*	**22**	Subtotal *(add lines 20 and 21)* .....

23 Enter line 19 amount here .....

24 Schedule 2 total tax *(add lines 22 and 23; enter the result here and on **line 1b** on the front page)* .....

For mailing instructions, see *Where to file* in Form MT-903-I.

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