New York State Department	of Taxation and Finance
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(12/97)

0798

## New York State and Local Sales and Use Tax Return for Part-Quarterly Filers Use this form to report transactions for the period December 1, 1997, through December 31, 1997, only.

Sales tax vendor identification number Business telephone number					· [	Daytime telephone number			Change of Business			
						( )			lf	If your mailing address is incorrect		
Legal name	e									n the label and you have reviously notified us, ente		
DDA										prrect mailing address ne reprinted address. If your		
DBA									fo	rwarded to a paid prepa	rer or you	
Street										ave any other change (n hysical address or owne		
Slieel									re	esponsible person inform omplete Form DTF-95.1	ation)	
City, state,	ZIP code								th	e ST-809 instructions, or	r	
								orm DTF-95, Change of Information. To request	Business			
Complete la	abeled form and ma	ail it in the	e enclosed er	velope to the app	olicable PO	box lis	sted on the back		Fo	orm DTF-95, call the Bu		
	on or before Janu									formation Center (See to umber listed to the left).	elepnone	
	ax Information Cent anada, call (518) 48		e 1 800 972-	1233, or call 1 80	10 462-8100	. From	i areas outside ti	ne				
Type of busin		00000.			Check here	e if you	are reporting sal	es tax on th	nis ret	turn for		
					more than	one bu	isiness location				🖵	
					<i>C</i> suffix, at	tach a	list of your location	ons.	numi	Der udes not nave a		
Summar	y of Tax Due -	— Con	nplete Lor	ng Method oi	Short I	/lethe	od section b	elow, no	ot b	oth (see instruct	tions).	
	Summary of	•	Gross Sales a	nd Services	В	axable	Sales and Servic	es	C	Purchases Subject to	Use Tax	
	Business	A	(to nearest		D		nearest dollar)		C	(to nearest dol	lar)	
	Activities	•			•				•			
				tions)								
1.	<b>b</b> Credit for p	repaid s	ales tax <i>(see</i>	instructions)		1b				1		
Long	c Net tax due	e (subtrac	ct line 1b from	1a)				· · · · · · · · · · · · · · · · · · ·	1c	•		
Mathad	2a Credits not	identifie	d (attachment	s required; see ins	structions)	2a	•					
Method	-			mpTax payment).						1	-	
									<u>2c</u>			
				ct line 2c from line					3	•		
		Interest and penalties (see instructions)   Amount due (add lines 3 and 4)   Pay this amount						4 5	•			
	J Amount de		ines 5 anu 4)	Tay this and	/unt				5	•		
	1a Comparabl	e quarte	r of the prior	vear (see instruc	tions)*	1a	•					
									1			
								1				
Ch a mt		-							1d	•		
Short		Credits (attachments required) 2a •										
Mathad	<b>b</b> Advance pa									-		
Method	c Add lines 2	a and 2	b						2c			
	3 Sales and	Sales and use taxes due (subtract line 2c from line 1d)						3				
		Interest and penalties (see instructions)   Amount due (add lines 3 and 4)   Pay this amount.						4	•			
	5 Amount du	ue (add li	ines 3 and 4)	Pay this amo	ount				5	•		
	check or money o								For	office use only		
	on the check or r you are reporting.	money o	rder your ide	ntification numbe	er, <i>Form S</i>	T-809	and the					
	ents: Include on line	1a.	Signature of	vendor		Te	elephone number					
•	Method Adjustment					(	)					
page 3 of t	he instructions.)		Title			Da	ate					
La sa Pita	٩											
Locality	Adjus \$	stment	Signature of	preparer (if other th	han vendor)	Te	elephone number					
	Ψ					(	)					
			Preparer's a	ddress		Da	ate					

## **Return Addresses** If you are in the PrompTax Program and do not participate in the New Jersey/New York or NYS PROMPTAX-SALES TAX Connecticut/New York Reciprocal Tax Agreement, mail your return to:..... PO BOX 1506 **CHURCH STREET STATION** NEW YORK NY 10008-1506 If you do not participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement and your place of business is in one of the following counties: mail your return to: Bronx Queens GPO BOX 5464 Kings Westchester NEW YORK NY 10087-5464 New York County with ZIP codes 10020-10285..... PO BOX 1866 Nassau Suffolk ..... HICKSVILLE NY 11802-1866 If you are using a private delivery service for any of the above, address your return to: The CHASE MANHATTAN BANK NYS GOVERNMENT TAX PROCESSING 12 CORPORATE WOODS BLVD. For a listing of designated delivery services, see Technical Services Memorandum 4TH FLOOR TSB-M-97(10)S. ALBANY NY 12211

All other vendors (including those who participate in the New Jersey/New York or Connecticut/ New York Reciprocal Tax Agreement, or who are located outside New York State) mail your return to:....

If you are using a private delivery service, address your return to:

For a listing of designated delivery services, see Technical Services Memorandum TSB-M-97(10)S

PO BOX 917 ALBANY NY 12201-0917

NYS PROCESSING CENTER

## **Need Help?**

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday. For business tax information and forms, call the Business Tax Information Center at 1 800 972-1233. For general information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100. From areas outside the U.S. and Canada, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - http://www.tax.state.ny.us Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m., Monday through Friday. 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 the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.

431C BROADWAY MENANDS NY 12204