New York State and Local Sales and Use Tax Return for Part-Quarterly Filers

Use this form to report transactions for the period January 1, 1998, through January 31, 1998, only.

Sales tax vendor identification number Business telephone number Daytime telephone number Legal name () () DBA												lif opc pc pfc h pre ct t F I r n	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 you have any other change (name, ID#, physical address or owner/officer responsible person information) complete Form DTF-95.1 found in the ST-809 instructions, or Form DTF-95, <i>Change of Business</i> <i>Information</i> . To request Form DTF-95, call the Business Tax Information Center (See telephone number listed to the left).		
Type of business Check here if you are reporting sales tax on thi more than one business location If you checked this box and your identification r <i>C</i> suffix, attach a list of your locations.														□	
Summary	y of 1	Tax Due -	— Coi	mplete	e Lon	g Meth	od or	Shor	t Metl	hod section b	elow, no	ot b	oth (see instruc	ctions).	
	B	mmary of usiness ctivities	Α		Fross Sales and Services (to nearest dollar)			B Taxable Sales and Services (to nearest dollar)			С	C Purchases Subject to Use Tax (to nearest dollar)			
			•					•		Т	I	•			
	1a	Sales and u	use tax	es <i>(see</i>	instruct	ions)			<u>1a</u>			-			
Long		Credit for p										4.			
Long			•			,					<u></u>	1c			
2aCredits not identified (attachments required; see instructions)								•		-					
MELIIUU												2c	1		
													•		
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	1a	Comparable quarter of the prior year (see instructions)* 1a ●													
	b	Tax due (¹ / ₃ of line 1a)								_					
		Credit for prepaid sales tax (see instructions) 1c										1			
Short		Net tax due (subtract line 1c from line 1b) Credits (attachments required)									1d	•			
	2a	Credits (atta	achment	ts require	ed)	• • • • • • • • • • •			<u>2a</u>	•		-			
Method	b Advance payments (including PrompTax payment											20			
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												4	•		
		Amount du	•	· ·								5	•		
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		or money o							67	o 1.4		FOI	r office use only		
period v	on the ou ar	e check or r e reportina.	noney o	order yo	our ider	ntification	numbe	r, <i>Forn</i>	n ST-80	g and the					
* Adjustments: Include on line 1a. Signature of vendor							Telephone number								
(See Short Method Adjustment on				_					()						
page 3 of the instructions.)			Title						Date	1					
Locality		Adjus \$	tment	Signa	ature of	preparer (if other the	an vendo	or)	Telephone number					
		÷		Dror	vor'o c-	Idroop									
				Prepa	arer's ac	uress				Date					

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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 431C BROADWAY MENANDS NY 12204

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.