

# Quarterly Schedule NJ For Part-Quarterly Filers

# NJ



For use by vendors located in New York State only.

**1286**

Use this form to report transactions for the period

**APRIL 1, 1986 — MAY 31, 1986**

**05**

Use labeled Form

Read the instructions carefully before completing this schedule.

If incorrect on label, please enter correct information below. Check box to indicate whether address change is for:

- actual business location
- mailing address other than business location

ID Number	
Name	
Number and Street	
City	
State	ZIP

**Gross sales and services (from ST-810, page 1, box A).....** ▶

\$

This schedule **MUST** be filed whether or not there is any New Jersey tax due for this period. Did you deliver any goods or services in New Jersey or make any purchases subject to use tax in New Jersey? If YES, complete lines 1 - 13. If NO, sign this schedule and attach it to Form ST-810.

YES

NO

### Summary of New Jersey Taxes Due

1. New Jersey gross sales .....	1	\$	
2. New Jersey deductions (see instructions) .....	2		
3. New Jersey taxable sales (subtract line 2 from line 1) .....	3		
4. New Jersey sales tax rate .....	4		.06
5. New Jersey sales tax computed (multiply line 3 by line 4) .....	5		
6. New Jersey sales tax collected .....	6		
7. New Jersey sales tax (amount from line 5 or line 6, whichever is larger) .....	7		
8. New Jersey use tax due (see instructions) .....	8		
9. Total New Jersey tax due (add line 7 and line 8) .....	9		
10. Amount of New Jersey sales tax paid with Schedule NJ (ST-809.4) for April .....	10		
11. Net New Jersey tax due (subtract line 10 from line 9) .....	11		
12. ADD: New Jersey late filing charge (see instructions) .....	12		
13. Total New Jersey amount due (add line 11 and line 12) .....	13	\$	

(Do not transfer the amount shown on this line to any other form. Submit only one check or money order to include both this amount and the amount shown on ST-810, line 5.)

**ATTACH THIS SCHEDULE TO FORM ST-810,  
NEW YORK STATE & LOCAL SALES & USE TAX RETURN**  
Follow instructions for ST-810 for due date and mailing address.

For office use only

I swear, verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Signature