New York State Department of Taxation and Finance

Quarterly Schedule NJ

For Part-Quarterly Filers
For use by vendors located in New York State only.

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|--|--|--|--------------|---------------------|--|--------------|--|
| | | | | | If you have check final return box or New York State Ta Return, check her also | n your ax | |
| | | | | | Attach your New State Certificate of Authority. | | |
| | Use labeled form Read the instructions, | ST-810.4-I, carefully before completing this | sched | ule. | | | |
| | Use this form to report only transactions for the | period June 1, 1989 — Aug u | <u>ıst 3</u> | <u>1, 1</u> | 989 | | |
| Gros | s sales and services (from Form ST-810, | page 1, box A) | | \$ | | | |
| This schedule must be filed whether or not there is any New Jersey tax due for this period. deliver any goods or services in New Jersey or make any purchases subject to use tax in Ne Jersey? If Yes, complete lines 1 - 13. If No, sign this schedule and attach it to Form ST-810. | | | | u | Yes No | | |
| Sun | mary 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 fr | rom line 1) | 3 | | | | |
| 4. | I. New Jersey sales tax rate | | | | | .06 | |
| 5. | . New Jersey sales tax computed (multiply line 3 by line 4) | | | | | | |
| 6. | New Jersey sales tax collected | | 6 | | | | |
| 7. | New Jersey sales tax (amount from line 5 or line 6, whichever is larger) | | | | | | |
| 8. | New Jersey use tax due (see instructions) | | | | | - | |
| 9. | Total New Jersey tax due (add line 7 and li | ne 8) | 9 | | · | | |
| 10. | Monthly payments (ST-809.4)+ | Second Month | 10 | | | | |
| 11. | Net New Jersey tax due (subtract line 10 from li | ine 9)(see instructions) | 11 | | | | |
| 12. | New Jersey late filing charge (see instruction | ons) | 12 | | | | |
| 13. | otal New Jersey amount due (add line 11 and line 12) | | | | | <u> </u> | |
| Attach this schedule to Form ST-810, New York State and Local Sales and Use Tax Return. Follow instructions for Form ST-810 for due date and mailing address. | | | | For office use only | | | |
| swear, verify and/or affirm that all tax information on this statement is correct. I am aware that f any of the foregoing information provided by me is willfully false, I am subject to punishment. | | | | applied 0, line | | | |
| Signa | | Title | 3.51 | -, | Ψ | | |
| Talas | one number (include area code) | Doto | 1 | | | | |