

# New York State and Local Sales and Use Tax Return

Part—Quarterly Filers June 1, 1991 - June 30, 1991

**ST-809**  
M (6/91)

**0192**

Sales tax vendor identification number	Business telephone number ( )
Legal name	
DBA	
Street	
City, state, ZIP code	

**Change of Business Information**  
 Check here if you have changed your business location and have not previously notified us. Enter your new address in the space next to your preprinted address. You must report this, or any other change (name, identification number, mailing address or owner/officer/responsible person information) on either DTF-95.1, found on ST-809 Instructions, or Form DTF-95, *Change of Business Information*. To request Form DTF-95, call 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

Use labeled form and return envelope for filing your return.

Use this form to report only transactions for the period indicated above.

Type of business	Check here if you are reporting sales tax on this return for more than one business location. If you checked this box and do not have a C suffix on your identification number, attach a list of your locations. <input type="checkbox"/>
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**Summary of Tax Due — Complete Long or Short section below, not both. (See instructions)**

L O N G	Summary of Business Activities	A	B	C
		Gross sales and services (to nearest dollar)	Taxable sales and services (to nearest dollar)	Purchases subject to use tax (to nearest dollar)
	1a Sales and use taxes (see instructions)		1a	
	b Credit for prepaid sales tax (see instructions)		1b	
	c Net tax due (subtract line 1b from 1a)			1c
	2a Credits not identified (attachments required) (see instructions)		2a	
	b Advance payments (attach ST-330's)		2b	
	c Total of lines 2a and 2b			2c
	3 Sales and use taxes due (subtract line 2c from line 1c)			3
	4 Late filing charge (Penalty—see page 2 for penalty computation instructions) interest rate pursuant to section 1142 of the Tax Law			4
	5 Amount due including late filing charge (add line 3 and line 4) <b>Pay this amount</b>			5
S H O R T	1a Comparable quarter-prior year (see instructions)*		1a	
	b Tax due (1/3 of line 1a)		1b	
	c Credit for prepaid sales tax (see instructions)		1c	
	d Net tax due (subtract line 1c from line 1b)			1d
	2a Credits (attachments required)		2a	
	b Advance payments (attach ST-330's)		2b	
	c Total of lines 2a and 2b			2c
	3 Sales and use taxes due (subtract line 2c from line 1d)			3
4 Late filing charge (Penalty—see page 2 for penalty computation instructions) interest rate pursuant to section 1142 of the Tax Law			4	
5 Amount due including late filing charge (add line 3 and line 4) <b>Pay this amount</b>			5	

- Attach check or money order payable to **New York State Sales Tax**.
- Include on the check or money order your identification number, form number **ST-809** and the period you are reporting.
- Mail in the enclosed envelope to the applicable P.O. Box on or before: **July 20, 1991**

**For office use only**

* Adjustments: Include on line 1a, "Short"		Signature of vendor	Telephone number
Locality	Adjustment \$	Title	Date
		Signature of preparer (if other than vendor)	Telephone number
		Preparer's address	Date

**Penalty Computation**

- A. For failure to file a return on time, with **no tax due**, the penalty is \$50.00.
- B. For failure to file a return on time **with tax due**, the penalty is:
  - 1-60 days late**, 10% of the tax due for the first month plus 1% of the tax due for each month thereafter, but in no instance less than \$50.00
  - 61 or more days late**, the greatest of the following:
    - 10% of the tax due for the first month plus 1% of the tax due for each month thereafter, not to exceed 30%; or
    - the lesser of \$100.00 or 100% of the tax due, or
    - \$50.00

**Return Addresses**

If you are not participating in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement and your place of business is located in the county of:			Mail return to:				
Albany Broome Chemung Chenango Clinton Columbia Delaware Dutchess Essex Franklin Fulton Greene	Hamilton Herkimer Jefferson Lewis Montgomery Oneida Orange Otsego Putnam Rensselaer Rockland Saratoga	Schenectady Schoharie Schuyler Steuben St. Lawrence Sullivan Tioga Tompkins Ulster Warren Washington	P. O. Box 688 Albany, NY 12201-0688				
New York County with ZIP Codes 10001-10019 Richmond			P. O. Box 2058 Church Street Station New York, NY 10008-2058				
Bronx Kings New York County with ZIP Codes 10020-10285 Queens Westchester			G. P. O. Box 5464 New York, NY 10087-5464				
Nassau Suffolk			P. O. Box 1866 Hicksville, NY 11802-1866				
Cayuga Cortland Livingston Madison	Monroe Onondaga Ontario Orleans	Oswego Seneca Wayne Yates	P. O. Box 4777 Syracuse, NY 13221-4777				
Allegany Cattaraugus Chautauqua Erie Genesee Niagara Wyoming		<table border="1"> <tr> <td><b>Schedule FR filers (motor fuel and diesel motor fuel retailers) in these counties must mail this return to:</b></td> <td>P. O. Box 4777 Syracuse, NY 13221-4777</td> </tr> <tr> <td><b>All other filers in these counties must mail this return to:</b></td> <td>P. O. Box 194 Buffalo, NY 14240-0194</td> </tr> </table>		<b>Schedule FR filers (motor fuel and diesel motor fuel retailers) in these counties must mail this return to:</b>	P. O. Box 4777 Syracuse, NY 13221-4777	<b>All other filers in these counties must mail this return to:</b>	P. O. Box 194 Buffalo, NY 14240-0194
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<b>All other filers in these counties must mail this return to:</b>	P. O. Box 194 Buffalo, NY 14240-0194						
If you are participating in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, or both, attach the appropriate schedule(s) to your return			Mail return to: P.O. Box 688 Albany, NY 12201-0688				
If you are a vendor located out-of-state			Mail return to: P. O. Box 688 Albany, NY 12201-0688				

If you need help . . .

**Phone**  
For forms or publications

From New York State, call toll free 1 800 462-8100.  
From areas outside New York State, call (518) 438-1073.

**For information**

From New York State, call toll free 1 800 CALL TAX (1 800 225-5829).  
From areas outside New York State, call (518) 438-8581.

**Write:**  
If you need to write, address your letter to:

NYS Tax Department  
Taxpayer Assistance Bureau  
W. A. Harriman Campus  
Albany, NY 12227

**Telephone assistance is available Monday through Friday.**