New York State Department of Taxation and Finance

Instructions for Form ST-809

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

ST-809-I
(4/96)

The vendor collection credit cannot be taken on Form ST-809.

Who Must File

You must file Form ST-809 if, in any one of the previous four quarters:

— you had total taxable receipts (including purchases subject to use tax), rents and amusement charges totaling $300,000 or more,

or

— you are a distributor as defined under Article 12-A and you have sold a total of 100,000 gallons or more of motor fuel or diesel motor fuel whether taxable or not.

Importers and others registered under Article 12-A as distributors of motor fuel or diesel motor fuel must also file Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, to report the sales tax prepayments due on motor fuel or diesel motor fuel. These prepayments must not be included in the taxable receipts reported on Form ST-809 or ST-810, but distributors who have used these fuels or sold them at retail may take credits on Form ST-809 (or ST-810) for the prepaid tax already paid on the fuel used or sold (see *Line 1b - Credit for prepaid sales tax*).

When to File

File Form ST-809 for each of the first two months of every quarterly reporting period, and Form ST-810 for the third month. You must file all three returns due for the quarterly reporting period even if you terminate your business activity during the quarter. Returns are due 20 days after the month covered.

If you do not receive your return by the first week of the month in which it is due, request a duplicate by calling the appropriate telephone number listed under *Need Help?* on page 4 of these instructions. **Late charges** will apply if you file late even if you did not receive your preaddressed form.

Other Forms You May Have to File

ST-809.4 - Part-Quarterly Schedule NJ

If you are registered under the New Jersey/New York Reciprocal Tax Agreement, attach Part-Quarterly Schedule NJ to your return. Use this schedule to report the tax due on deliveries of tangible personal property into New Jersey or services subject to tax in New Jersey.

ST-809.11 - Monthly Schedule CT

If you are registered under the Connecticut/New York Reciprocal Tax Agreement, attach Monthly Schedule CT to your return. Use this schedule to report the tax due on deliveries of tangible personal property into Connecticut or services subject to tax in Connecticut.

If you report tax due on either Part-Quarterly Schedule NJ (ST-809.4) or Monthly Schedule CT (ST-809.11), you must send one check payable to ***New York State Sales Tax*** for the amount due New York and New Jersey or New York and Connecticut. If you report tax due on both schedules, include the total due for all three states in one check payable to ***New York State Sales Tax*. Do not offset an overpayment from one state against the tax due to the other.**

Filing Methods

Two methods are available for monthly filing: *long* and *short*. If you have filed returns for each of the four quarters immediately preceding the month to be covered, you may use the short method. Otherwise, you **must** use the long method.

Long method — You must report and pay actual state and local sales and use taxes due for the month.

Short method — You must report and pay an amount equal to one-third of the total state and local sales and use taxes that were due for the comparable quarter of the prior year, adjusted to reflect any new, increased or decreased local sales and use tax. Local taxes are reported as part of the total rather than separately.

Filing Instructions

Two copies of Form ST-809 are mailed to each business or individual registered as a part-quarterly sales tax filer with the New York State Department of Taxation and Finance. **File the copy with the preaddressed label and keep the other copy for your records.**

If you did not receive a return with a preaddressed label, please complete the name and address portion, including your sales tax vendor identification number.

Enter the exact legal name of the business. For a corporation, use the name as it appears on the Certificate of Incorporation; for an unincorporated business, use the name in which the business owns property or acquires debt; for a partnership, use the partnership name; for a sole proprietor, use the name of the individual owner.

Enter the trade name, doing-business-as (DBA) name, or assumed name if different from the legal name. For a corporation, it is the name that appears on the trade name certificate filed with the New York State Department of State. If the business is not incorporated, use the name filed with the county clerk's office pursuant to section 130 of the General Business Law.

Enter the address of your actual business location, not the mailing address. Include your business telephone number and a number at which you can be reached during the day, if different.

Change of business information — If there have been any changes in the business name, identification number, mailing address or business address, telephone number or owner/officer/responsible person information, complete Form DTF-95.1, *Change of Business Information for Employers/Vendors*, located at the bottom of pages 3 and 4. Send the completed form to: **NYS Tax Department, Account Services Section, Building 8 Room 501, W A Harriman Campus, Albany NY 12227-0155**. If there are currently no changes to the above information, keep Form DTF-95.1 in your files. If a change occurs, complete the form and send it to the address listed as soon as possible.

Type of business — Describe your principal business activity or type of business in the space provided (e.g., retail grocery, wholesale furniture, etc.).

Consolidated return — If you have more than one place of business, and are reporting for all business locations on this return, check the appropriate box. If you checked this box and your New York State identification number does not end with a "C," attach a list of your business locations. If your identification number ends with a "C" and you have added or deleted locations since your last return, attach a list of these and indicate ***addition*** or ***deletion*** next to each location.

Long Method

You must report and pay the actual state and local sales and use taxes due for the month. **You must also maintain complete records so that you are able to prepare and file a quarterly return (Form ST-810) showing the three months' business activities by locality.** You must show the distribution to each locality on the quarterly return (Form ST-810) and on Schedules A, B, FR, N, N-ATT, and U as necessary. You must also complete Part-Quarterly Schedule NJ and Monthly Schedule CT, if applicable.

Do not report on Form ST-809 the additional 5% tax imposed on information and entertainment services furnished by way of telephone and telegraph or the 5% tax imposed on passenger car rentals. You must maintain records of and report and pay these taxes on Form ST-810.

Summary of Business Activities

Box A — Gross sales and services

Enter the total dollar value of sales made by the business, including those exempt from sales tax (other than motor fuel or diesel motor fuel sales). **Do not include in this figure the amount of sales tax collected.** Include all sales made within New York State (even if for delivery outside New York State) and sales made at business locations outside New York State for delivery into New York State. Do not include sales made at business locations outside New York State that do not involve deliveries into New York State.

Box B — Taxable sales and services

Enter the total dollar amount of the sales reported in Box A that are subject to New York State and local sales taxes.

Box C — Purchases subject to use tax

Enter the total dollar amount of purchases (except for motor fuel or diesel motor fuel) subject to use tax, including personal property purchased at retail on which no tax or insufficient tax was paid at the time of purchase.

Line 1a — Sales and use taxes

Enter the total of the state and local sales taxes due on taxable sales and services, including sales of motor fuel and diesel motor fuel and purchases of items and services subject to use tax **less** credits that can be identified with a specific locality (other than economic development zone credit(s)).

Substantiate credits that can be identified with a specific locality by attaching a statement explaining the basis for the credit claimed and any other supporting documentation (for example, credit for tax paid by a contractor on the purchase of materials that the contractor then used in performing repairs that are subject to the tax). Your substantiation must include the taxing jurisdiction, rate of tax paid, and calculations used to determine the amount of credit claimed.

Do not include on this line any amounts reported on Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/ Diesel Motor Fuel.*

Do not take any credit on line 1a for prepaid sales tax on motor fuel or diesel motor fuel that was sold or used during the month (see line 1b instructions).

Line 1b — Credit for prepaid sales tax

— Enter the amount of sales tax prepaid to your suppliers on motor fuel or diesel motor fuel sold at retail or used during the month covered by this return.

— Registered distributors of motor fuel or diesel motor fuel should also include amounts prepaid with Form FT-945/ 1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, on motor fuel or diesel motor fuel sold at retail (whether taxable or nontaxable*) or used during the month covered by this return.

* Exception: Credit for prepaid sales tax on motor fuel or diesel motor fuel that was sold in bulk (i.e., sold through a marketing location other than a retail service station) to an exempt purchaser or delivered out of state to your customer should be claimed on Form FT-945/1045.

Include on line 1b the prepaid sales tax credit on cigarettes you claimed for the month.

Line 2a — Credits not identified

Enter the total amount of credits claimed against the tax other than the credits taken on line 1a and line 1b.

Do **not** include any vendor collection credit on this return. You may only take credit for vendor's collection of tax **quarterly** (i.e., on Form ST-810).

Report economic development zone (EDZ) credits on this line and file Form AU-11, *Application for Credit or Refund of State and Local Sales or Use Tax*, separately from your return. Mail Form AU-11 and all substantiating documentation to the address shown on the form. Be sure to indicate on Form AU-11 the period of the return on which you are taking the credit.

Enter the total EDZ credits and any credits that can be substantiated but cannot be identified with a specific locality. You **must** substantiate all credits taken on this line.

Line 2b — Advance payments including PrompTax payments

If you paid part of your tax in advance, enter the total amount of these payments on line 2b. Include PrompTax payments on this line. **Do not** report sales tax prepayments due on motor fuel or diesel motor fuel as advance payments. Report these prepayments on Form FT-945/1045.

Line 4 — Interest and penalties

If you file your return or make payment after the due date, you must pay a late filing charge that consists of interest and penalty. See *Interest and Penalty Computation* on page 3.

Line 5 — Amount Due

Enter the amount on line 3 plus any amount reported on line 4.

Short Method

Line 1a — Comparable quarter of the prior year

Enter the total state and local sales and use taxes that were due (**before** deducting credits or advance payments) for the comparable quarterly reporting period of the preceding year, adjusted to reflect any new, increased or decreased local sales and use taxes. See *Short Method Adjustment* on page 3.

Notice to vendors who file Schedule FR

When entering the total state and local taxes that were due for the comparable quarter of the previous year, you must include the amount reported on **Line A**, column (e) of the Schedule FR filed for the comparable quarter. The amount entered on line A is the amount of taxes reported on motor fuel or diesel motor fuel **before** deducting the credit for prepaid sales tax on either of these fuels.

Return for month ending:	Use comparable quarterly period:
March 31 April 30	March 1 - May 31
June 30 July 31	June 1 - August 31
September 30 October 31	September 1 - November 30
December 31 January 31	December 1 - February 28 (29)

Adjustments

If this return includes taxable sales or purchases subject to use tax for any locality that either enacted a local sales and use tax or increased or decreased its rate after the close of the comparable quarter, prior year, the amount entered on line 1a must include an adjustment to reflect the new local rates. See *Short Method Adjustment* on page 3.

Line 1c — Credit for prepaid sales tax

— Enter the amount of sales tax prepaid to your suppliers on motor fuel or diesel motor fuel sold at retail or used during the month covered by this return.

— **Registered distributors of motor fuel or diesel motor fuel should also include amounts** prepaid with Form FT-945/1045, *Report of Sales Tax Prepayment on Motor Fuel/Diesel Motor Fuel*, on motor fuel or diesel motor fuel sold at retail (whether taxable or nontaxable*) or used during the month covered by this return.

* Exception: Credit for prepaid sales tax on motor fuel or diesel motor fuel that was sold in bulk (i.e., sold through a marketing location other than a retail service station) to an exempt purchaser or delivered out of state to your customer should be claimed on Form FT-945/1045.

Include on line 1(c) the prepaid sales tax credit on cigarettes you claimed for the month.

Line 2a — Credits

Enter the total amount of credits claimed against the tax other than the credit claimed on line 1c.

Report EDZ credits on this line and file Form AU-11, *Application for Credit or Refund*, separately from your return. Mail Form AU-11 and all substantiating documentation to the address shown on the form. Be sure to indicate on Form AU-11 the period of the return on which you are taking the credit.

Substantiate other credits reported on line 2a by attaching a statement explaining the basis for the credit claimed and any other supporting documentation (for example, credit for tax a contractor paid on the purchase of materials that the contractor then used in performing repairs that are subject to the tax). Your substantiation must include the taxing jurisdiction, rate of tax paid and calculations used to determine the amount of credit claimed.

Line 2b — Advance payments including PrompTax payments

If you paid part of your tax in advance, enter the total amount of these payments on line 2b. Include PrompTax payments on this line. **Do not** report sales tax prepayments due on motor fuel as advance payments. Report these prepayments on Form FT-945/1045.

Line 4 — Interest and Penalties

If you file your return or make payment after the due date, you must pay a late filing charge that consists of interest and penalty.

Interest and Penalty Computation

Interest is always due on any underpayment of tax and is computed at the rate as determined pursuant to section 1142 of the Tax Law. It is compounded daily from the due date of the return to the date the tax is paid. Call Taxpayer Assistance at one of the numbers listed under *Need Help?* on page 4 to get the current rate. Penalty is due as follows:

A For failure to file a return on time, with **no tax due**, the penalty is $50.

B For failure to file a return on time **with tax due**, the penalty is:

For 1-60 days late, 10% (.10) of the tax due for the first month plus 1% (.01) of the tax due for each month thereafter, but in no instance less than $50.

For 61 or more days late, the greater of:

— 10% (.10) of the tax due for the first month plus 1% (.01) of the tax due for each month thereafter, not to exceed 30% (.30); or

— the lesser of $100 or 100% (1.00) of the tax due; but not less than $50.

C For failure to pay tax, even though the return is filed on time, the penalty is 10% (.10) of the tax due for the first month, plus 1% (.01) of the tax due for each additional month, up to a maximum of 30% (.30).

Short Method Adjustment

When a local rate has been increased or decreased, multiply the total taxable sales and purchases subject to use tax reported for that locality in the comparable quarter by the difference between the new and old rates. If a new local tax was enacted since the end of the prior comparable quarter, use current records to estimate taxable sales and purchases subject to use tax in that locality for three months and multiply this amount by the new local tax rate. Total the adjustments for all such localities and add this amount to or subtract it from the taxes due for the comparable quarter last year. Enter this adjusted total on line 1a on the front of the return. **List the names of the localities and the amount of the adjustment (show negative balances in parentheses) for each on the front of the return in the lower left corner.**

Examples:

The city "Y" increased its local tax and the county "D" decreased its local tax. If a vendor reported taxable sales for city "Y" in the prior year's comparable quarter and sales were also made in county "D" during that quarter, the adjustments would be computed as follows:

Locality*	Combined Rate Current	Combined Rate Comparable Quarter	Increase (Decrease)	×	Taxable Sales**	=	Adjustment*
City "Y"	7%	6%	1%		$250,000		$2,500
County "D"	5%	7%	(2%)		3,000		(60)
Total adjustments to be added to comparable prior year's quarter							$2,440

* Enter information from these two columns on the front of the return in the lower left corner.

** Includes purchases subject to use tax.

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Change of Business Information for Employers/Vendors

If there have been any changes in your business name, identification number, mailing or business address, telephone number or owner/officer/responsible person information, complete this form and mail it to: NYS Tax Department, RALS/Account Services Section, Building 8 Room 501, W A Harriman Campus, Albany NY 12227-0155.

Doc. Loc. number

Change Doc. Loc. number

Old Information Identification number:

Name:

New Information Effective date:

Identification number:

Telephone number: ( )

Legal name:

Trade name (DBA, etc.):

Physical location of business:

City, State, ZIP code:

Mailing address (street or PO Box):

City, State, ZIP code:

Also complete the back of this form.

Line 5 — Amount Due

Enter the amount on line 3 plus any amount reported on line 4.

Signature — The return must be signed by the vendor or an authorized officer or employee. Paid preparers must also sign on the line designated *Signature of preparer (if other than vendor).*

Keep all records and other supporting documents used in completing your return for at least three years after filing so that you can produce them on request by the NYS Tax Department.

As a sales tax vendor you may be subject to or liable for other taxes. For information relating to other taxes, or for forms or publications you will need, use the address and telephone numbers listed under *Need Help?* below.

Privacy Notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions and forms, is found in Articles 8, 15, 18-A, 28 and 28-A of the Tax Law and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer the insurance awards and sales tax liabilities under the Tax Law, and for any other purpose authorized by law.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Data Management Services Bureau, NYS Tax Department, Building 8 Room 905, W A Harriman Campus, Albany NY 12227; telephone (from New York State only) 1 800 CALL TAX (1 800 225-5829); from areas outside New York State, call (518) 438-8581.

Need Help?

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. The call is toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. For information, you can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, call (518) 438-8581. For forms or publications, you can also call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

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.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling 1 800 634-2110 toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. Hours of operation are 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.

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

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Reason for change:

Business tax records which should be changed: ☐ Corporation Tax ☐ Highway Use Tax ☐ Petroleum Business Tax

☐ Sales and Use Tax ☐ Withholding Tax ☐ Limited Liability Company/Partnership ☐ Other - Tax type: _____

Enter the new owner/officer/responsible person information below if there have been any changes.

Use additional sheets if more space is needed.

Name of owner/officer/responsible person		% Ownership	Title	
Home address *(number and street)*	City, village, post office		State	ZIP code
Effective date	Social security number		Telephone number ( )	

I certify that this information is to the best of my knowledge and belief true, correct and complete.

Signature	Title	Date
Print name		Daytime telephone number ( )

Also complete the front of this form.