



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

1000

Use this form to report transactions for the period **December 1, 1999** through **December 31, 1999**, only.

| | | |
|--|--------------------------------------|-------------------------------------|
| Sales tax vendor identification number | Business telephone number () () | Daytime telephone number () () |
| Legal name | | |
| DBA Place Label Here | | |
| Street | | |
| City, state, ZIP code | | |

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-95.1s, *Change of Business Information for Vendors* found in the ST-809 instructions, or Form DTF-95, *Change of Business Information*. To request Form DTF-95, call the Business Tax Information Center (see telephone number listed to the left).

Complete labeled form and mail it in the enclosed envelope to the applicable PO box listed on the back of this form on or before **January 20, 2000**. If you need the **instructions for Form ST-809**, call the Business Tax Information Center toll free 1 800 972-1233, or call 1 800 462-8100. From areas outside the U.S. and Canada, call (518) 485-6800.

| | |
|------------------|--|
| Type of business | Check here if you are reporting sales tax on this return for more than one business location <input type="checkbox"/> If you checked this box and your identification number does not have a C suffix, attach a list of your locations. |
|------------------|--|

Summary of Tax Due — Complete *Long Method* or *Short Method* section below, not both (see instructions).

| | 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) |
| Long Method | 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 (including PrompTax payment) | | 2b ● | |
| | c Add lines 2a and 2b | | | 2c |
| | 3 Sales and use taxes due (subtract line 2c from line 1c) | | | 3 ● |
| | 4 Interest and penalties (see instructions) | | | 4 ● |
| | 5 Amount due (add lines 3 and 4) Pay this amount | | | 5 ● |

| | | | | |
|---------------------|--|------|------|------|
| Short Method | 1a Comparable quarter of the 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 (including PrompTax payment) | | 2b ● | |
| | c Add lines 2a and 2b | | | 2c |
| | 3 Sales and use taxes due (subtract line 2c from line 1d) | | | 3 |
| | 4 Interest and penalties (see instructions) | | | 4 ● |
| | 5 Amount due (add lines 3 and 4) Pay this amount | | | 5 ● |

— Attach check or money order payable to **New York State Sales Tax**.
— Include on the check or money order your identification number, **Form ST-809** and the period you are reporting.

For office use only

* **Adjustments:** Include on line 1a. (See *Short Method Adjustment* on page 3 of the instructions.)

Locality Adjustment \$

| | |
|--|-----------------------------|
| Signature of vendor | Telephone number () () |
| Title | Date |
| Signature of preparer (if other than vendor) | Telephone number () () |
| Preparer's address | Date |

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Where to mail your return and attachments

All vendors, except those who participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, including those located outside New York State, mail your completed return and attachments to:

NYS SALES TAX PROCESSING
GENERAL POST OFFICE
PO BOX 1208
NEW YORK NY 10116-1208

Vendors who participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, mail your completed return and attachments to:

NYS SALES TAX PROCESSING
RECIPROCAL TAX AGREEMENT
GENERAL POST OFFICE
PO BOX 1209
NEW YORK NY 10116-1209

If you are enrolled in the PrompTax Program, please use the preaddressed envelope provided.

If you are using a private delivery service, address the return envelope to: The CHASE MANHATTAN BANK, NYS GOVERNMENT TAX PROCESSING, 12 CORPORATE WOODS BLVD., 4TH FLOOR ALBANY NY 12211

For a listing of designated delivery services, see Publication 55, *Designated Private Delivery Services*.

Need help?



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

For business tax information, call the
New York State Business Tax
Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and
outside Canada: (518) 485-6800



Fax-on-demand forms: Forms are
available 24 hours a day,
7 days a week. 1 800 748-3676



Internet access: <http://www.tax.state.ny.us>



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
TAXPAYER CORRESPONDENCE
W A HARRIMAN CAMPUS
ALBANY NY 12227