



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

Table with columns for tax period: March 2001, March 1, 2001 - March 31, 2001

Calendar for April 2001 showing days of the week and dates, with the 20th highlighted.

0102

Due date: Friday, April 20, 2001

You will be responsible for penalty and interest if your return is not postmarked by this date.

Form fields for Sales tax identification number, Legal name, dba, Number and street, City, state, ZIP code

Place address label here

No tax due? Check the box and enter your gross sales in Box 1 of Step 1 below; enter none in Boxes 2 and 3. You must file by the due date even if no tax is due. See 1 in instructions.

Has your address or business information changed? If so, enter new mailing address on preprinted label above. See 2 in instructions.

Complete Step 1 or Step 2, but not both. (See 6 in instructions)

Step 1 of 3 Long method of calculating tax due

Table for Step 1 of 3 Long method of calculating tax due, with rows 1-12 for sales, taxable sales, purchases, taxes, and net tax due.

Step 2 of 3 Short method of calculating tax due

Table for Step 2 of 3 Short method of calculating tax due, with rows 1-10 for comparable quarter, tax due, credits, and net tax due.

*Include short method adjustment in Box 1 (see Short method adjustment in instructions.)

For office use only

Locality

Adjustment \$

Step 3 of 3 Sign and mail this return

Make sure you keep a completed copy for your records.

Must be postmarked by **Friday, April 20, 2001**, to be considered filed on time. See flowchart below for complete mailing information.

Printed name of taxpayer _____ Title _____

Signature of taxpayer _____ Date _____ Daytime telephone (_____)

Printed name of preparer, if other than taxpayer _____

Preparer's address _____

Signature of preparer, if other than taxpayer _____ Daytime telephone (_____)

**Where to mail your return and attachments***If using a private delivery service rather than the U.S. Postal Service, see 19 in instructions for the correct address.*

Do you participate in the New Jersey/New York or the Connecticut/New York Reciprocal Tax Agreement?

No

Yes

Address envelope to:NYS SALES TAX PROCESSING
JAF BUILDING
PO BOX 1208
NEW YORK NY 10116-1208**Address envelope to:**NYS SALES TAX PROCESSING
RECIPROCAL TAX AGREEMENT
JAF BUILDING
PO BOX 1209
NEW YORK NY 10116-1209If you are enrolled in the **PromptTax** program, please use the preaddressed envelope provided. Make check payable to **New York State Sales Tax**.

| | | |
|---|----------------------------|---------|
| David Sample 100 Elm Street Albany, NY 12203 | DATE April 20, 2001 | 2971 |
| PAY TO THE ORDER OF New York State Sales Tax | \$1000 | |
| One Thousand and 00/100 | | DOLLARS |
| First State Bank | | |
| 00-0000000 ST-809 March 2001 | | |

Don't forget to write your ID#, **ST-809**, and tax period

Don't forget to sign your check

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

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| 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:** 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
W A HARRIMAN CAMPUS
ALBANY NY 12227*Refer to instructions (Form ST-809-1) if you have questions or need help.
Make sure you keep a completed copy of your return for your records.*