



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

September 2001 Tax period September 1, 2001 - September 30, 2001

Sales tax identification number, Legal name, dba (doing business as) name, Number and street, City, state, ZIP code

October 2001 calendar grid showing dates 1-31

0702

Due date: Monday, October 22, 2001. You will be responsible for penalty and interest if your return is not postmarked by this date.

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 3 in instructions)

Step 1 of 3 Long method of calculating tax due

Table for Step 1: Long method of calculating tax due. Rows 1-12 including gross sales, taxable sales, purchases, sales tax, credits, net tax due, and interest/penalty.

Step 2 of 3 Short method of calculating tax due

Table for Step 2: Short method of calculating tax due. Rows 1-10 including comparable quarter, tax due, prepaid sales tax, net tax due, credits, advance payments, and interest/penalty.

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

Locality Adjustment \$

For office use only

**Step 3 of 3 Sign and mail this return**

Make sure you keep a completed copy for your records.

Must be postmarked by **Monday, October 22, 2001**, to be considered filed on time. See 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 10116-1209 **Make check payable to *New York State Sales Tax*.**

<b>David Sample</b> 100 Elm Street Albany, NY 12203	2971 DATE <b>October 10, 2001</b>
PAY TO THE ORDER OF <b>New York State Sales Tax</b>   <b>\$1000</b>	
One Thousand and 00/100 DOLLARS	
<b>First State Bank</b>	
00-0000000 ST-809 9/30/01	

Don't forget to write your ID#, **ST-809**, and **9/30/01**

Don't forget to sign your check

If you are enrolled in the **PromptTax** program, please use the preaddressed envelope provided.**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:** [www.tax.state.ny.us](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  
W A HARRIMAN CAMPUS  
ALBANY NY 12227