



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

June 2002 Tax period June 1, 2002 - June 30, 2002

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

July 2002 calendar grid showing dates 1-31

0403

Due date: Monday, July 22, 2002

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

No tax due? Check the box to the right and enter your gross sales and services 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. There is a \$50 penalty for late filing of a no-tax-due return. See 1 in instructions.

Has your address or business information changed? If so, check the box to the right and 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 amount due.

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 amount due.

*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.)

Locality Adjustment \$

For office use only

Step 3 of 3 Sign and mail this return
 Please be sure to keep a completed copy for your records.

Must be postmarked by **Monday, July 22, 2002**, 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 (____) _____

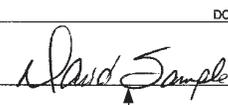

Where to mail your return and attachments
 If using a private delivery service rather than the U.S. Postal Service, see 19 in instructions for the correct address.

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

No
Address envelope to:
 NYS SALES TAX PROCESSING
 JAF BUILDING
 PO BOX 1208
 NEW YORK NY 10116-1208

Yes
Address envelope to:
 NYS SALES TAX PROCESSING
 RECIPROCAL TAX AGREEMENT
 JAF BUILDING
 PO BOX 1209
 NEW YORK NY 10116-1209

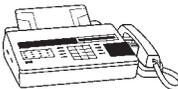
Make check payable to New York State Sales Tax.

David Sample 100 Elm Street Albany, NY 12203	2971
	DATE July 10, 2002
PAY TO THE ORDER OF New York State Sales Tax	\$1000
One Thousand and 00/100	DOLLARS
First State Bank	
00-0000000 ST-809 6/30/02	

Don't forget to write your sales tax ID#, **ST-809**, and **6/30/02** 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.
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 CONTACT CENTER
 W A HARRIMAN CAMPUS
 ALBANY NY 12227