



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

Calendar grid for June 2004 with tax period June 1, 2004 - June 30, 2004

Calendar grid for July 2004 with the 20th highlighted

0405

Due date: Tuesday, July 20, 2004. 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

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 of 3 Long method of calculating tax due with rows 1-12 and columns for amounts and 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 and columns for amounts and tax 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 **Tuesday, July 20, 2004**, 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**

<p>Address envelope to:</p> <p>NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1208 NEW YORK NY 10116-1208</p>	<p>Address envelope to:</p> <p>NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING PO BOX 1209 NEW YORK NY 10116-1209</p>
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Make check payable to *New York State Sales Tax.*

David Sample 100 Elm Street Albany, NY 12203	2971 DATE July 10, 2004
PAY TO THE ORDER OF New York State Sales Tax	\$ 1,050.32
One thousand fifty and 32/100 DOLLARS	
First State Bank 00-000000 ST-809 6/30/04	

David Sample

Don't forget to write your sales tax ID#, **ST-809**, and **6/30/04**. Don't forget to sign your check.

Need help?

 **Internet access:** www.nystax.gov
 (for information, forms, and publications)

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

 **Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Business Tax Information Center: 1 800 972-1233

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

 **Hotline for the hearing and speech impaired:**
 If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. 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.

 **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 1 800 972-1233.

 **If you need to write,** address your letter to:
 NYS TAX DEPARTMENT
 BUSINESS TAX INFORMATION CENTER
 W A HARRIMAN CAMPUS
 ALBANY NY 12227