



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

Calendar for March 2009 showing tax period from March 1, 2009 to March 31, 2009.

Calendar for April 2009 with the 20th day highlighted.

0110

Due date: Monday, April 20, 2009

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, and City, state, ZIP code.

No tax due? 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, visit our Web site at www.nystax.gov and see the change my address option for further instructions, or mark an X in the box to the right and enter new mailing address 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 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, and net tax due.

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

For office use only

Locality Adjustment \$

Step 3 of 3 Sign and mail this return

Must be postmarked by **Monday, April 20, 2009**, to be considered filed on time.

Please be sure to keep a completed copy for your records.

See below for complete mailing information.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>
	Designee's e-mail address		

Printed name of taxpayer _____ Title _____

Taxpayer's e-mail address _____

Signature of taxpayer _____ Date ____/____/____ Daytime telephone (____) _____

Printed name of preparer, if other than taxpayer _____ Preparer identification number

Preparer's address _____

Preparer's e-mail 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 20 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
PO BOX 15172
ALBANY NY 12212-5172

Address envelope to:

NYS SALES TAX PROCESSING
RECIPROCAL TAX AGREEMENT
PO BOX 15173
ALBANY NY 12212-5173

Make check payable to **New York State Sales Tax.**

David Sample 100 Elm Street Albany, NY 12203	DATE April 10, 2009	2971
PAY TO THE ORDER OF New York State Sales Tax		\$ X.XXX.XX
(your payment amount)		DOLLARS
First State Bank		
00-0000000	ST-809	3/31/09

David Sample

Don't forget to write your sales tax ID#, **ST-809**, and **3/31/09**.

Don't forget to sign your check

Need help?

See Form ST-809-I, *Instructions for Form ST-809*.