Quarterly ST-100

2nd Qua		k State and L y Sales and L	ocal Jse Tax Return	June July August Tax period June 1, 2010 – August 31, 2010
	s tax identification number	as it appears on the Cer	tificate of Authority)	September 2010
	(doing business as) name		lineale of Authonity)	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 21
Numb	per and street			20 Due date: Monday, September 20, 2010
City, s	state, ZIP code			You will be responsible for penalty and interest if your return and any payment due is not postmarked or electronically filed by this date.
	You must file by the due date ever Mark an X in the box to the right it your <i>Certificate of Authority</i> . Attac In address or If so, visit our Web	if no tax is due. There i you are discontinuing y h the <i>Certificate of Autho</i> site at <i>www.nystax.gov</i> ar	s a \$50 penalty for late filing of a 1 our business and this is your final r prity to the return. See 2 in instruc nd see the change my address option	in boxes 12, 13, and 14; and complete Step 9. no-tax-due return. See 1 in instructions. eturn; complete this return and the back of tions
		-	•	
Step [·]	1 of 9 Gross sales and servic		ales and services (including exem les tax in this amount. See 4 in ins	
Step 2	2 of 9 Do I need to file any add	itional schedules?	Need to obtain schedules?	See Need help? on page 4 of Form ST-100-I.
SCHEDULE				ales of food and drink (restaurant meals, vell as admissions, club dues, and cabaret
	Form ST-100.3, <i>Quarterly Schedule E</i> cities impose tax, and on residential e			es in certain counties where school districts or
	Form ST-100.10, <i>Quarterly Sched</i> from inventory, as explained in the			tor fuel or diesel motor fuel and fuel taken
	Form ST-100.7, <i>Quarterly Schedu</i> State and some local sales and use		ales of clothing and footwear	r eligible for exemption from New York
	Form ST-100.5, <i>Quarterly Schedu</i> Reminder: Use Form ST-100.5-ATT			
	Form ST-100.8, <i>Quarterly Schedu</i> telegraph services imposed by ce			es, telephone answering services, and
	Form ST-100.1, <i>Quarterly Schedu</i> (QEZE).	n le W — Use to report	purchases eligible for credit	by a Qualified Empire Zone Enterprise
	Schedule NJ: For reciprocal tax	agreement filing requ	irements, see 5 in instruction	
	Refer to Form ST-100-I, <i>Instruction</i> Please be sure to keep a complete			For office use only

Proceed to Step 3, page 2

Step 3 of 9 Calculate sales and use t Refer to Form ST-100-I, Instructions for Form ST-100, if you have q		Column C Taxable sales and services	Column D Purchases subject 3 to tax (see 9 in instructions)	Column E < Tax rate :	Column F Sales and use tax (C + D) × E
Enter total from Form ST-100.10, page 4, step 6, box 18 in	n box 2 (if any)				2
Enter the sum of any totals from Schedules A, B, H, (if any)	N, T and W	3.00	4		5
Column A Taxing jurisdiction	Column B Jurisdiction code				
New York State only	NE 0021	.00	.00	4%	
Albany County	AL 0181	.00	.00	8%	
Allegany County	AL 0221	.00	.00	8 ¹ /2%	
Broome County	BR 0321	.00	.00	8%	
Cattaraugus County (outside the following)	CA 0481	.00	.00	8%	
Olean (city)	OL 0441	.00	.00	8%	
Salamanca (city)	SA 0431	.00	.00	8%	
Cayuga County (outside the following)	CA 0511	.00	.00	8%	
Auburn (city)	AU 0561	.00	.00	8%	
Chautauqua County	CH 0641	.00	.00	73/4%	
Chemung County	CH 0711	.00	.00	8%	
Chenango County (outside the following)	CH 0861	.00	.00	8%	
Norwich (city)	NO 0831	.00	.00	8%	
Clinton County	CL 0921	.00	.00	8%	
Columbia County	CO 1021	.00	.00	8%	
Cortland County	CO 1131	.00	.00	8%	
Delaware County	DE 1221	.00	.00	8%	
Dutchess County	DU 1311	.00	.00	8 ¹ /8%*	
Erie County	ER 1451	.00	.00	8 ³ / ₄ %	
Essex County	ES 1521	.00	.00	7 ³ / ₄ %	
	FR 1621	.00		8%	
Franklin County			.00		
Fulton County (outside the following)	FU 1791	.00	.00	8%	
Gloversville (city)	GL 1741	.00	.00	8%	
Johnstown (city)	JO 1751	.00	.00	8%	
Genesee County	GE 1811	.00	.00	8%	
Greene County	GR 1911	.00	.00	8%	
Hamilton County	HA 2011	.00	.00		
Herkimer County	HE 2121	.00	.00	8¼%	
Jefferson County	JE 2221	.00	.00	73/4%	
Lewis County	LE 2321	.00	.00		
Livingston County	LI 2411	.00	.00		
Madison County (outside the following)	MA 2511	.00	.00		
Oneida (city)	ON 2541	.00	.00		
Monroe County	MO 2611	.00	.00		
Montgomery County	MO 2781	.00	.00		
Nassau County	NA 2811	.00	.00		
Niagara County	NI 2911	.00	.00		
Dneida County (outside the following)	ON 3010	.00	.00		
Rome (city)	RO 3015	.00	.00		
Utica (city)	UT 3018	.00	.00		
Dnondaga County	ON 3121	.00	.00	8%	
Ontario County	ON 3211	.00	.00	71⁄2%	
Drange County	OR 3321	.00	.00	8 ¹ /8%*	
Drleans County	OR 3481	.00	.00	8%	
Dswego County (outside the following)	OS 3501	.00	.00		
Oswego (city)	OS 3561	.00	.00		
Dtsego County	OT 3621	.00			
		.00	.00		1

Column A Taxing jurisdiction	Column B Jurisdiction	Column C Taxable sales	+	Column D Purchases subject		Column E Tax rate =	Column F Sales and use ta	x
Taking jurisuretton	code	and services	- 1	(see 9 in instructions)	×		(C + D) × E	*
Putnam County	PU 3731		.00		00	8 ³ /8%*		Γ
Rensselaer County	RE 3881		00	.(00	8%		
Rockland County	RO 3921		00	.(00	8 ³ /8%*		T
St. Lawrence County	ST 4091		00	.(00	7%		T
Saratoga County (outside the following)			00	.(00	7%		T
Saratoga Springs (city)			00	.(00	7%		T
Schenectady County	SC 4241		00	.(00	8%		T
Schoharie County	SC 4321		00	.(00	8%		T
Schuyler County	SC 4411		00	.(00	8%		T
Seneca County	SE 4511		00	.(00	8%		T
Steuben County (outside the following)	ST 4691		00	.(00	8%		┢
Corning (city)	CO 4611		00		00	8%		╈
Hornell (city)	HO 4641		00		00	8%		+
Suffolk County	SU 4711		00			85/8%*		+
Sullivan County	SU 4821		00		00	8%		+
Tioga County	TI 4921		00		00	8%		+
Tompkins County (outside the following)	TO 5081		00		00	8%		+
Ithaca (city)	IT 5021		00		00	8%		+
Jister County	UL 5111		00		00	8%	<u> </u>	+
Varren County (outside the following)	WA 5281		00		00	7%	<u> </u>	+
Glens Falls (city)	GL 5211		00		00	7%	<u> </u>	+
Vashington County	WA 5311		00		00	7%		┢
Vayne County	WA 5421		00		00	8%		┢
Vestchester County (outside the following)	WE 5581		00			7 ³ /8%*		┢
Mount Vernon (city)	MO 5521		00			8 ³ /8%*		+
New Rochelle (city)	NE 6861		00			8 ³ /8%*		+
								┢
White Plains (city)	WH 6513		00			8 ³ /8%*		+
Yonkers (city)	YO 6511		00			8 ³ / ₈ %*		+
Nyoming County	WY 5621		00		00	8%		+
Yates County New York City/State combined tax	YA 5721		00	.(00	8%		╞
New York City includes counties of Bronx, Kings (Brooklyn), wew York (Manhattan), Queens, and Richmond (Staten Island)]	NE 8081		.00	.(00	8 ⁷ /8%*		
New York State/MCTD (fuel and utilities)	NE 8061		00			4 ³ / ₈ %*		+
New York City - local tax only	NE 8091		00		00	41/2%		┢
			00		00	7/2/0		┢
			00		00			╈
		9					11	+
Column subtotals from page 2, boxes (5 7 and 8.							
If the total of box $12 + box 13 = $300,000$ or n			.00		00		14	┢
STUP	mn totals:		.00		00		14	
credit summary — Enter the total amount of credits					_			+
Sector Summary — Enter the total amount of credit		Internal code	any	Column G	<u> </u>	Column H	Column J	┶
Step 4 of 9 Calculate special taxes		internal code		Taxable receipts	×	Tax rate =	Special taxes du (G × H)	e
Passenger car rentals (outside the MCTD)		PA 0012			00	6%	. ,	Γ
Passenger car rentals (within the MCTD)		PA 0030		.(00	11%		Ĺ
nformation & entertainment services furnished via telephony ar	IN 7009		.(00	5%			
				Total spec	ial	taxes:	15	Γ
Step 5 of 9 Calculate tax credits and adva	nce pavme	ents		li	ntern	al code	Column K Credit amount	
Credit for prepaid sales tax on cigarettes				C	BO	28888		Т
Credits against sales or use tax (see 16 in instruction	ns)					C C C C C C C C C C C C C C C C C C C		+
Advance payments (made with Form ST-330)						<u>ح</u>		+
wance payments (made with FOITH ST-350)					/		16	┝
		Total tax o	red	its and advance p	avr			
					-			⊥
		^43/8%	s = U	.04375; 83/8% = 0.0	0837	(5; IP	roceed to Step 6	ŝ.

Paç	je 4 of 4	ST-100 (6/10)	Si	ales tax identification					211 Qu	arterly
St	ep 6 of	9 Calculate	axes due		Add taxe pay	l <i>Sales and use ta</i> es (box 15) and si ments (box 16).	x column total (box 14) ubtract <i>Total tax credits</i>	to Total special and advance	Taxes due	
	ox 14 nount \$		+	Box 15 amount \$			Box 16 amount \$	=	17	
St	ep 7 of	9 Calculate v or pay pena	vendor colle alty and inte	ection credi erest	t STOP If	you are filing this mount of tax due, S redit. If you are not	eturn after the due date a TOP! You are not eligible eligible, enter Ø in box 18	nd/or not paying the full for the vendor collection and go to 7B .		
7/	A Vend	or collection	credit	Box 14 am	ount	\$				
				Box 15 am	ount 🕇	\$				
E	inter the amo	ount from Schedule Be sure to	FR as instructed content of the second se	,	• ·					
					×		5% (.05)		Vendor collection cr VE 7706	redit
					=	\$	**		18	
						e amount cal	culated, but not m	ore than \$200.		•
	DR Pay	penalty and in	terest if you	are filing late)				Penalty and intere	est
7	7B Pena	alty and interest	are calculate	ed on the amo	unt in bo	x 17, <i>Taxes d</i>	<i>ue</i> . See 21 in the i	nstructions.	13	
St	ep 8 of	9 Calculate			Write	on your check yo		Total amount d	lue	
			Taking v	endor collec	tion crea	dit? Subtract I	box 18 from box 17	,		
	Final ca	alculation:				Add box 19 to				
St	ep 9 of 9	9 Sign and ma	Paying p ail this return	enalty and ir	nterest? Must be	Add box 19 to e postmarked b	box 17. Monday, Septemb	er 20, 2010, to be co	nsidered filed on time.	
St Ple	ep 9 of 9	9 Sign and ma e to keep a comp	Paying p ail this return leted copy for y	enalty and ir n <i>your records.</i>	Must be See be	Add box 19 to e postmarked b low for complet	box 17.	er 20, 2010, to be co	nsidered filed on time.	
Ple	ep 9 of 9 ase be surd Third – party	9 Sign and ma e to keep a comp Do you want to Designee's nam	Paying p ail this return leted copy for y allow another p e	enalty and ir n <i>your records.</i>	Must be See be ss this retu	Add box 19 to e postmarked b low for complet	box 17. Monday, Septembo e mailing information Dept? <i>(see instruction</i>	er 20, 2010, to be co	plete the following) No	
Ple	ep 9 of 9 ase be surd Third – party	9 Sign and ma e to keep a comp Do you want to	Paying p ail this return leted copy for y allow another p e	enalty and ir n <i>your records.</i>	Must be See be ss this retu	Add box 19 to e postmarked b low for complet urn with the Tax	box 17. Monday, Septembo e mailing information Dept? <i>(see instruction</i>	er 20, 2010, to be co s <i>Yes (com</i> Personal identificat	plete the following) No	
Ple	ep 9 of 9 ase be surr Third – party designee	 D Sign and ma to keep a comp Do you want to Designee's name Designee's e-ma 	Paying p ail this return leted copy for y allow another p e ail address	penalty and ir n <i>your records.</i> person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax ee's phone numb)	box 17. Monday, Septembo e mailing information Dept? <i>(see instruction</i>	er 20, 2010, to be co s) Yes (com Personal identificat number (PIN)	ion	
Ple	ep 9 of 9 ase be surr Third – party designee ted name of	 D Sign and ma to keep a comp Do you want to Designee's name Designee's e-ma 	Paying p ail this return leted copy for y allow another p e ail address	penalty and in n <i>your records.</i> person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax re's phone numb)	b box 17. Monday, Septembre e mailing information. Dept? (see instruction er Title	er 20, 2010, to be co	ion	
Ple Prin Taxp	ep 9 of 9 ase be sure Third – party designee ted name of payer's e-mai	Sign and mage to keep a comp Do you want to Designee's name Designee's e-mage taxpayer	Paying p ail this return leted copy for y allow another p e ail address	penalty and ir n your records. person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax pe's phone numb)	b box 17. y Monday, Septemb e mailing information. Dept? <i>(see instruction</i> er Title Da	er 20, 2010, to be co s) Yes (com Personal identificat number (PIN)	ion	
Ple Prin Taxp Sign	ep 9 of 9 ase be surr Third – party designee ted name of bayer's e-mai nature of taxp	Sign and material address Sign and material address	Paying p ail this return leted copy for y allow another p e ail address	penalty and ir n <i>your records.</i> person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax ee's phone numb)	b box 17. y Monday, Septemble e mailing information. Dept? (see instruction er Title Da Da tel Pro	er 20, 2010, to be co	ion	
Ple Prin Taxp Sign Prin	ep 9 of 9 ase be surr Third – party designee ted name of payer's e-main nature of taxp ted name of	Sign and material comp Do you want to Designee's name Designee's e-material taxpayer il address	Paying p ail this return leted copy for y allow another p e ail address ail address	penalty and ir n your records. person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax ee's phone numb)	b box 17. y Monday, Septemble e mailing information. Dept? (see instruction er Title Da tel Pro tel Pro ide	er 20, 2010, to be co	ion	
Ple Prin Taxp Sign Prin Prep	ep 9 of 9 ase be surr Third – party designed ted name of payer's e-main nature of taxp ted name of party designed	Sign and material comp Do you want to Designee's name Designee's e-matrix taxpayer il address preparer, if other the	Paying p ail this return leted copy for y allow another p e ail address ail address	penalty and ir n your records. person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax re's phone numb)	b box 17. y Monday, Septembo e mailing information. Dept? (see instruction er Title Da tel Prr ide	er 20, 2010, to be co	ion	
Ple Prin Taxp Sign Prin Prep Prep	ep 9 of 9 ase be sure Third – party designee ted name of payer's e-mai nature of taxp ted name of parer's addre parer's e-mai	Sign and ma to keep a comp Do you want to Designee's nam Designee's e-ma taxpayer il address preparer, if other th ss	Paying p ail this return leted copy for y allow another p e ail address an taxpayer	penalty and ir n your records. person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax ee's phone numb)	b box 17. Monday, Septembo e mailing information. Dept? (see instruction er Title Da tel Prr ide tel tel tel tel tel	er 20, 2010, to be co	plete the following) No ion	
Ple Prin Taxp Sign Prin Prep Prep	ep 9 of 9 ase be sure Third – party designee ted name of payer's e-mai nature of taxp ted name of parer's addre parer's e-mai	Sign and materials Sign and materials Do you want to Designee's name Designee's e-material designee's e-material address preparer, if other the ss l address	Paying p ail this return leted copy for y allow another p e ail address ail address an taxpayer	penalty and ir n your records. person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax ee's phone numb)	b box 17. Monday, Septembo e mailing information Dept? (see instruction er Title Da tel Pro tel Pro tel Da tel Pro tel Pro Da	er 20, 2010, to be co	plete the following) No	
Ple Prin Taxp Sign Prin Prep Sign	ep 9 of 9 ase be sure Third – party designed ted name of payer's e-main nature of taxp ted name of parer's addre parer's e-main nature of pre parer's e-main parer's e-main	Sign and mail	Paying p ail this return leted copy for y allow another p e ail address an taxpayer an taxpayer axpayer Do you particip tax agreement	penalty and ir n your records. person to discus	Must be See be ss this retu Designe (Add box 19 to e postmarked b low for complet urn with the Tax ee's phone numb) Date	b box 17. y Monday, Septembo e mailing information Dept? (see instruction er Title Da tel Pre ide Da tel Pre Da tel Pre Da tel Pre Da	er 20, 2010, to be co	plete the following) No	
Ple Prin Taxp Sign Prin Prep Sign C W yO	ep 9 of 9 ase be sure Third – party designee ted name of payer's e-mai nature of taxp ted name of parer's addre parer's e-mai nature of pre	Sign and matrix to be to keep a comp Do you want to Designee's name Designee's e-matrix taxpayer	Paying p ail this return leted copy for y allow another p e ail address an taxpayer an taxpayer axpayer Do you particip tax agreement	penalty and ir n your records. Derson to discus	Must be See be ss this retuined (Add box 19 to e postmarked b low for complet urn with the Tax pe's phone numb) Date Date	b box 17. y Monday, Septembo e mailing information Dept? (see instruction er Title Da tel Pre ide Da tel Pre Da tel Pre Da tel Pre Da	er 20, 2010, to be co (s) Yes Personal identificatinumber (PIN) ytime ephone () ephone () with payable to New York S Description w York State Sales Tax	plete the following) No ion) XX
Prin Taxp Sign Prin Prep Sign C W yO atti If u	ep 9 of 9 ase be sure Third – party designee ted name of payer's e-mai nature of taxp ted name of parer's addre parer's e-mai nature of pre parer's e-mai nature of pre parer's e-mai nature of pre	Sign and material components for the set of the se	Paying p ail this return leted copy for y allow another p e ail address ail address an taxpayer Do you particip tax agreement? NYS SALES TAX	penalty and in <i>your records.</i> person to discussion pate in the New J pope to: PROCESSING	Address e NYS SALES	Add box 19 to e postmarked b low for complet urn with the Tax re's phone numb) Date Date v York reciprocal Yes nvelope to:	b box 17. y Monday, Septembo e mailing information Dept? (see instruction er Title Da tel Pre da Da tel Pre da 	er 20, 2010, to be co	plete the following) No ion)
Prin Taxp Sign Prep Prep Sign V V y o att <i>If u</i> <i>sen</i> <i>Po</i> .	ep 9 of 9 ase be sure Third – party designed ted name of payer's e-main nature of taxp ted name of parer's addre parer's e-main nature of preparers parer's e-main parer's	Sign and material sector keep a comp Do you want to Designee's name Designee's name Designee's e-matrix Designee's e-matrix dadress preparer, if other the ss parer, if other than the mail rn and nts rate delivery r than the U.S. re, see 2 in	Paying p ail this return leted copy for y allow another p e ail address an taxpayer an taxpayer Do you particip tax agreement?	penalty and in <i>your records.</i> person to discussion person to d	Address e NYS SALES RECIPROC PO BOX 15	Add box 19 to e postmarked b low for complet urn with the Tax re's phone numb) Date Date v York reciprocal Yes nvelope to: S TAX PROCESSIN AL TAX AGREEME	b box 17. y Monday, Septembo e mailing information Dept? (see instruction er Title Title Title Da tel Prr ide David Sample 100 Elm Street Albany, NY 12200 PAY TO THE ORDER OF NT	er 20, 2010, to be co	plete the following) No ion) XX

Need help?

See Form ST-100-I, Instructions for Form ST-100, page 4.