

October 2010



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

.,	(,,									
	September 2010										
	Tax period										
September 1, 2010 – September 30, 2010											

	Sales tax identification number	1 1 1		S	S M T W T F S	0711
	Legal name (print ID number and legal name as it appears on the Certificat	e of Authority)		10 17 24 31	7 18 19 <mark>20</mark> 21 22 23 4 25 26 27 28 29 30	0711
	DBA (doing business as) name			2	Due date:	
	Number and street			Yo	ou will be responsible for penalty and	d interest
	City, state, ZIP code			II !	your return is not postmarked by this	s date.
No	tax due? Enter your gross sales and services in box 1 of Step 1 below; en There is a \$50 penalty for late filing of a no-tax-due return. So			must fil	e by the due date even if no tax is	s due.
bus	s your address or If so, visit our Web site at www.nystax.gov an in the box to the right and enter new mailing a	address above. See				
	emplete Step 1 or Step 2, but not both. See 3 in instruction ep 1 of 3 Long method of calculating tax due	ons.				
Ji	ep 1 013 Long method of calculating tax due				1	
1	Enter total gross sales and services (to nearest dollar; see 4 in instr			.00		
•	Enter total toyable color and comices (to your total)		2	00		
2	Enter total taxable sales and services (to nearest dollar; see 5) in ins	structions)			3	.00
3	Enter total purchases subject to tax (to nearest dollar; see 6 in insti	ructions)				.00
5	Sales and use tax (see 7 in instructions)	. 5				
	Net tax due (subtract box 5 amount from box 4 amount)				6	T
	Credits not identified (attachments required, see 9 in instructions)					
	Advance payments (see 10 in instructions)					
	Add box 7 amount to box 8 amount				9	\top
	Sales and use tax due (subtract box 9 amount from box 6 amount)				10	
	Penalty and interest (see 11 in instructions)				11	
•••	Tortally and interest (see that instructions)				12	_
12	Amount due (add box 10 amount to box 11 amount; see 12 in instruction	ons)	Pav this an	nount		
	ep 2 of 3 Short method of calculating tax due	/				
1	Comparable quarter of previous year (see 13 in instructions)*	1				
2	Tax due (one-third of box 1 amount)					
3	Credit for prepaid sales tax (see 14 in instructions)	3			-	
4	Net tax due (subtract box 3 amount from box 2 amount)				4	T
	Credits not identified (attachments required, see 15 in instructions)	5				
6	Advance payments (see 16 in instructions)	6			-	
7	Add box 5 amount to box 6 amount			1	7	
	Sales and use tax due (subtract box 7 amount from box 4 amount)				8	+-
	Penalty and interest (see 17 in instructions)				9	+
J	i enaity and interest (see Thin instructions)				10	
10	Amount due (add box 8 amount to box 9 amount; see 18 in instruction	າຣ)	Pay this an	nount		
	clude short method adjustment in box 1 (see Short method adjustmen	-	-		ffice use only	
1110	Locality Adjustment in box 1 (see <i>Short method adjustment</i>	n on page o or ms	aciioi is. <i>j</i>	, 0, 0	moo age only	

9000109100094 ST-809 (9/10) Page 1 of 2

Page 2 of 2	ST-809 (9/10)	Sale	s tax identific	ation number						0711	Part-G	uarterly	y (Mo	nthly)
Step 3 of 3 Sign and mail this return Please be sure to keep a completed copy for your records. Must be postmarked by Wednesday, October 20, 2010, to be considered filed on time. See below for complete mailing information.														
	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes (complete the										nplete the	following)	No [\Box
Third –	Designee's nam		r	Personal identification number (PIN)										
designee	Designee's e-ma	ail address												
Printed name of taxpayer Title														
Taxpayer's e-ma	ail address													
Signature of tax	cpayer				Date	/	/	Dayti telepl	me hone (_)				
	Signature of taxpayer Date / / Daytime telephone () Printed name of preparer, if other than taxpayer identification number													
Preparer's addr	Preparer's address													
Preparer's e-ma	ail address													
Signature of pre	eparer, if other than	taxpayer						Dayti telep	me hone (_)				
(1)		Do you participato	in the New	Jorsov/Now Vork	rociprocal	٦ [✓ Make	check	payable	to New Y	ork State	Sales T	ax.	
Do you participate in the New Jer tax agreement?				Jersey/New Tork	recipiocai		David Sample 100 Elm Street							971
Where to		No		Ye	es	_	Albany, N			<u>D.</u>	ATE Octo	ber 10, 2	010	-
your retu		Address envelope	to: 1	Address envelo	wa ta:	- I	PAY TO THE	HE New Y	York Stat	e Sales Tax		\$ X	XXXX.X	(X
attachme If using a priv					•					/ment amoun	t) /		DOLL	
	er than the U.S.	NYS SALES TAX PRO PO BOX 15172	OCESSING	NYS SALES TAX RECIPROCAL TA			First	State	Bank	1	Ih.	1/	/	/
Postal Service instructions for		ALBANY NY 12212-5	172	PO BOX 15173 ALBANY NY 1221	12-5173		00-0000	0000 ST	-809 9/	30/10	Med	1 0	angk	2_
the correct a				7,25/,111 141 122										
								n't forget -809, and		your sales ta	ax ID#,	Don't forg		

Need help?

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