



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

						April 2016													
							Г						1						
							Tá	ĸε		06	r	io	d	_					
April 1, 2016 – April 30, 2016																			
		்			ட்		ı				ı	i_	ı	L	L	Ĺ	1		

	<u> </u>				May 2016			
	s tax identification number	S	MTWTFS					
Legal	name (print ID number and legal	name as it appears on the Certif	ficate of Authority)	1 8 15	2 3 4 5 6 7 9 10 11 12 13 14 16 17 18 19 20 21	0217		
DE A	Glatina konstrana a N			22 29	16 17 18 19 20 21 23 24 25 26 27 28 30 31			
DBA	doing business as) name							
Numh	er and street			20	Due date: Friday, May 20, 20	16		
INUITIE	er and street			Yo	u will be responsible f			
City, s	state, ZIP code			an	d interest if your return	n and any		
"	,				yment due is not elect stmarked by this date			
Mand	ate to use Sales Tax Web Fil	le - Most filers fall under this	requirement; see Form ST-809-		ourianted by time date	•		
			•		by the due date ever	if no tay is due		
No ta	x due? Enter your gross sales a	Ity for late filing of a no-tax	elow; enter <i>none</i> in boxes 2 and 3. Y c <b>-due return</b> . See <b>1</b> in instruct	ou <b>must</b> ille ions.	e by the due date ever	i ii iio tax is due.		
Hae v	our address or		help? in Form ST-809-I) and see the cl		Idress ontion for further	instructions		
			nt and enter new mailing address abov					
	plete Step 1 or Step 2, bu							
	o 1 of 3 Long method		_	Г	4			
			4 in instructions)		2	.00		
			in instructions)6 in instructions)		3	.00		
	Sales and use tax (see 7 in					.00		
	Credit for prepaid sales tax (s							
					6			
	Credits not identified (attachm							
	Advance payments (see 10 i							
					9			
10	Sales and use tax due (subtra	act box 9 amount from box 6 am	ount)		10			
11	Penalty and interest (see 11)	in instructions)			11			
12a	Amount due (add box 10 amo		12a					
12b	Amount paid (see 12 in instr	uctions)			12b			
Ste	2 of 3 Short method	d of calculating tax of	due					
1	Comparable quarter of previous	ous vear (see 13 in instruction:	s)* 1					
	Tax due (one-third of box 1 amo		2					
	Credit for prepaid sales tax (s							
4	Net tax due (subtract box 3 am	ount from box 2 amount)			4			
5	Credits not identified (attachm	ents required, see 15 in instruc	tions) 5					
6	Advance payments (see 16 in	n instructions)	6					
7					7			
8	` _		ount)		8			
					9			
	Amount due (add box 8 amou		10a					
10b	Amount paid (see 18 in instru	uctions)			10b			
*Inclu	de short method adjustment in	box 1 (see Short method adii	ustment on page 3 of instructions	) For of	fice use only			
	Locality	Adjustmen		,				

90000104160094

<b>Page 2</b> of 2	<b>ST-809</b> (4/16)	x identification number				0217	Part-Quarterly (Monthly			
Step 3 of Please be sur	3 Sign and mail this return e to keep a completed copy for your re		tmarked by <b>Frida</b> or complete maili			nsidered	filed on time.			
Third – party designee	Do you want to allow another person Designee's name  Designee's e-mail address	to discuss this return wi		(see Pin inst	Personal in number (P	dentification				
Printed name	of taxpayer		Title _							
Taxpayer's e-mail address										
Signature of t	axpayer		Date	te	•	)				
Printed name of preparer's firm (or yours if self-employed) Firm's employer										
Preparer's ad	dress			Dranaua	PTIN'		AIVEDDIN			
Preparer's e-mail address   Preparer's   NYTPRIN                 excl. code										
Signature of preparer, if other than taxpayer										
*See ② in instructions										
Wh	ere to file your return and a	attachments		David Sample 100 Elm Street Albany, NY 12203  PAY TO THE ORDER OF New York State Sales Tax  (your payment amount)  First State Bank						
Web	File your return at www.tax.ny.gov (s	see instructions).								
attac	ou are not required to Web File, mail y hments to: NYS Sales Tax Processir ny NY 12212-5172)									
	ng a private delivery service rather th ice, see Publication 55, Designated F ces.			Don't forg	ST-809 04/30/ get to write you and 04/30/16.		Don't forget to sign your check			

Need help?

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