

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

Part-Quarterly (Monthly) ST-809

March 2019

Tax period

March 1, 2019 - March 31, 2019

			April 20	110	
Sales	tax identification number		S M T W	T F S	
Legal	name (print ID number and legal name as it appears or	n the Certificate of Authority)	1 2 3 7 8 9 10 14 15 16 17 21 22 23 24 28 29 30	4 5 6 11 12 13 18 19 20 25 26 27	0120
DDA (28 29 30		
DBA (doing business as) name		7		
Numb	er and street		Due date Monday.	e: , April 22, 201	9
			You will be res	•	
City, s	tate, ZIP code		and interest if payment due in postmarked by	your return and is not electronic	nd any
Mand	ate to use Sales Tax Web File - Most filers fall u	nder this requirement. See Form ST-809)-I, Instructions for Fo	rm ST-809.	
No ta	Enter your gross sales and services in box 1 o There is a \$50 penalty for late filing of		You must file by the due	date even if n	no tax is due.
	our address or If so, visit our website (ess information changed? or mark an X in the box	(see <i>Need help?</i> in instructions) and see the chax to the right and enter new mailing address abo			
Com	plete Step 1 or Step 2, but not both.				
Step	1 Long method of calculating ta	x due (see instructions)			
1	Enter total gross sales and services (to nearest do	ollar)	1	,	.00
	Enter total taxable sales and services (to nearest				.00
	Enter total purchases subject to tax (to nearest do				.00
	Sales and use tax				
5	Credit for prepaid sales tax	5			
6	Net tax due (subtract box 5 amount from box 4 amou	unt)	6		
	Credits not identified (attachments required)				
Ω	Advance payments	8			
٥	Add box 7 amount to box 8 amount		9		
	Sales and use tax due (subtract box 9 amount from				
	Penalty and interest		I		
	Amount due (add box 10 amount to box 11 amount)				
12b	Amount paid		12b		
Step	2 Short method of calculating ta	x due (see instructions)			
1	Comparable quarter of previous year	1			
	Tax due (one-third of box 1 amount)	2			
	Credit for prepaid sales tax				
	Net tax due (subtract box 3 amount from box 2 amou		4		
	Credits not identified (attachments required)				
6	Advance payments	6			
7	Add box 5 amount to box 6 amount		7		
	Sales and use tax due (subtract box 7 amount from				
	Penalty and interest	·····			
	Amount due (add box 8 amount to box 9 amount)				
	Amount paid		·····		
100	Allivant paid				
*Inclu	de short method adjustment in box 1 (see <i>Short me</i> <u>Locality</u>	ethod adjustment on page 3 of instructions Adjustment	For office use of	only	
		6			



Page 2	of 2	ST-809 (3/19)	Sales tax identifica	ation number				0)120	Part-Q	uarterly (Mo	onthly
Step 3 Sign and mail this return (see instr.) Please be sure to keep a completed copy for your records. Must be postmarked by Monday, April 22, 2019, 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 in				see instruc	tions)	Yes	(com	plete the fo	ollowing) No	
Third – party designee		Designee's name		Designee's phone number ()			Personal identification number (PIN)					
		Designee's e-mail address										
Author	rized	Signature of authorized person		Official t	itle							
person		Email address of authorized person	ss of authorized person			Telephone number		r	Date			
Paid		's name (or yours if self-employed)			Firm's EIN				Preparer's	PTIN or SSN		
prepare use	Signature of individual preparing this return		eturn	Address		City	Dity State			ZIP code		
only (see instr		Email address of individual preparing this		Telephone number	F	Preparer's NYTPRIN			NYTPRIN excl. code		Date	
*See Paid preparer's responsibilities in instructions Where to file your return and attachmed Web File your return at www.tax.ny.gov (see instruction (If you are not required to Web File, mail your return attachments to: NYS Sales Tax Processing, PO Box Albany NY 12212-5172) If using a private delivery service rather than the U.S. Service, see Publication 55, Designated Private Delivery Services.			uctions). urn and Box 15172, J.S. Postal		David Samp 100 Elm Stre Albany, NY 1	New Yo (yo	rk State ur payr nk	Sales nent an	πε April	10, 2019 \$X,XXX	2971 	

Don't forget to write your sales tax ID#, **ST-809**, and 3/31/19.

Don't forget to sign your check

Need help?

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