

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

•	eptember	2040
- 36	401(41410141	2019

Tax period

September 1, 2019 - September 30, 2019

	\				Octo	ber 2019		
Sales	s tax identification number			s	M T	W T F	S	
Legal	name (print ID number and legal name as it appears	on the Certificate of Authority)		6 13	7 8 14 15	9 10 11 16 17 18	12 19	0720
				20 27	21 22 1.8 29	16 17 18 23 24 25 30 31	26	
DBA	doing business as) name			7				
				21	Due	date:		
Numb	er and street				IVION	day, Octo	•	
						e responsi st if your r		
City, s	tate, ZIP code			pa	yment o		electronica	ally filed or
Mand	ate to use Sales Tax Web File - Most filers fall	under this requirement. See	e Form ST-809-I, <i>Ii</i>			-		
No ta	x due? Enter your gross sales and services in box 1 There is a \$50 penalty for late filing or	of Step 1 below; enter none in f a no-tax-due return . See	boxes 2 and 3. You instructions.	nust file	by the	due date	even if no	tax is due.
	bur address or If so, visit our website ess information changed? or mark an X in the b	e (see Need help? in instructions) ox to the right and enter new mai						
	plete Step 1 or Step 2, but not both.		•					
Ste	o 1 Long method of calculating to	ax due (see instruction	ns)					
1	Enter total gross sales and services (to nearest	dollar)			1			.00
	Enter total taxable sales and services (to neares				2			.00
3	Enter total purchases subject to tax (to nearest of	lollar)			3			.00
4	Sales and use tax	4						
5	Credit for prepaid sales tax							
6	Net tax due (subtract box 5 amount from box 4 amo				6			
7	Credits not identified (attachments required)	7						
8	Advance payments	8						
	Add box 7 amount to box 8 amount				9			
10	Sales and use tax due (subtract box 9 amount from	n box 6 amount)			10			
	Penalty and interest			- F	11			
	Amount due (add box 10 amount to box 11 amount				12a			
	Amount paid			Г	12b			
	·							
Ste	2 Short method of calculating t	· · · · · · · · · · · · · · · · · · ·	ons)					
1	Comparable quarter of previous year	1						
2	Tax due (one-third of box 1 amount)							
3	Credit for prepaid sales tax	3						
4	Net tax due (subtract box 3 amount from box 2 amo	ount)			4			
5	Credits not identified (attachments required)	5						
6	Advance payments	6						
7	Add box 5 amount to box 6 amount				7			
8	Sales and use tax due (subtract box 7 amount from			-	8			
9	Penalty and interest	,		- F	9			
	Amount due (add box 8 amount to box 9 amount)				I0a			
	Amount paid			- F	10b			
	F							
*Inclu	de short method adjustment in box 1 (see Short n	nethod adjustment on page 3	3 of instructions.)	For of	fice us	se only		
	Locality	Adjustment				-		
		\$						



Page 2	of 2	ST-809 (9/19)	Sales tax identification number						0720	Part-Quarterly (Monthly)		
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, October 21, 2019, to be considered find the second seco							idered file	d on time.				
Third – party designee		Designee's name Designee's email address	Per person to discuss this return with the Tax Dept? (see instructions) Designee's phone number ()					Persona	Personal identification number (PIN)			
Authorized person		Signature of authorized person Email address of authorized person				Official	Telephone numbe			er Date		
Paid prepare use only (see inst	Sign Ema	Email address of individual preparing this return To			Firm's EIN ddress City elephone number)			City			PTIN or SSN ZIP code Date	
*See Paid preparer's responsibilities in instructions Where to file your return and attachment web File your return at www.tax.ny.gov (see instructions) (If you are not required to Web File, mail your return at attachments to: NYS Sales Tax Processing, PO Box 1: Albany NY 12212-5172) If using a private delivery service rather than the U.S. F Service, see Publication 55, Designated Private Delive Services.					2,		David Samp 100 Elm Stre Albany, NY 1 PAY TO THE ORDER OF	New York St (your pa	ate Sales ayment a	Tax mount)	poer 10, 2019 \$X,XXX,XX DOLLARS Don't forget to sign your check	

Need help?

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