ST-809

(4/97)

1197

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

Use this form to report transactions for the period April 1, 1997, through April 30, 1997, only.

Sales tax vendor identification number Business tell					Business telepl	phone number Daytime telephone number			e number	Change of Business Information		
Legal name DBA	9									ha Er ne	anged your business loc ave not previously notified nter this new address in t ext to your preprinted add ust report this or any oth	ation and I us. he space Iress. You
Street										ch m re	nange (name, identification ailing address or owner/o esponsible person informa ther Form DTF-95.1, four	n number officer/ ition) on
City, state,	ZIP code	9								In: D	structions for ST-809, or I TF-95, <i>Change of Busine</i> formation. To request For	Form S
of this form	on or be ix Inform	efore May 2 nation Cente	20, 1997. I er toll free 1	f you need	the instruction	ns for For	m ST-8	isted on the back 09 , call the m areas outside tl		D In	TF-95, call the Business formation Center (see tel umber listed to the left).	Tax
Type of business						Check here if you are reporting sales tax on this return for more than one business location If you checked this box and your identification number does not have a <i>C</i> suffix, attach a list of your locations.						
Summary	y of Ta	ax Due –	– Compl	ete <i>Lon</i>	g Method o	r <i>Short</i>	Meth	od section b	elow, no	ot b	oth (see instructi	ons).
	Bu	mary of siness tivities		s Sales an to nearest	B Taxable Sales and Services (to nearest dollar)			C Purchases Subject to Use Tax (to nearest dollar)				
			•			•	4-			•		
					ions)					1		
Long		-	-		instructions) 1a)					1c	•	T
_0g					required; see in							
Method	b A	dvance pa	yments (inc	luding Pror	npTax payment) .	· · · · · · · · · · ·	. 2b	•				
										2c		
	3 S	Sales and u	se taxes de	ue (subtrad	ct line 2c from line	ə 1 <i>c</i>)				3	•	
										4	•	
	5 A	Amount du	e (add lines	3 and 4)	Pay this am	ount		<u></u>		5	•	
	10 0	amparable	auartar of	the prior		(i) *	12					
		Comparable quarter of the prior year (see instructions)* 1a Tax due (1/3 of line 1a) 1b										
		Credit for prepaid sales tax (see instructions) 1c										
		Net tax due (subtract line 1c from line 1b)								1d	•	
Short		Credits (attachments required)										
Mathad	b A										I	-
Method										2c		
		Sales and use taxes due (subtract line 2c from line 1d)								3		
		Interest and penalties (see instructions) Amount due (add lines 3 and 4) Pay this amount								4 5	•	
	<u> </u>	anount uu		5 anu 4)	Fay this am	Junt		<u></u>		5	U	
· · ·												
- Include	on the	check or m			York State Sal		ST-80	and the		For	office use only	
		reporting.	si Si	gnature of	vendor		1	elephone number				
* Adjustments: Include on line 1a. (See Short Method Adjustment on						()						
page 3 of th				tle			[Date				
Locality		Adjust \$	ment Si	gnature of	preparer <i>(if other i</i>	han vendor)	ר (elephone number)				
			Pr	eparer's ac	Idress		Ľ	Date				
							I					

Return Addresses

If you are in the PrompTax program and do not participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, mail your return to:

NYS PROMPTAX-SALES TAX PO BOX 1506 CHURCH STREET STATION NEW YORK NY 10008-1506

DO DOV COS

If you participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, or you are located outside New York State or your place of business is located in the following counties, mail your return to:

Albany	Essex	Oneida	Seneca	
Allegany	Franklin	Onondaga	Steuben	
Broome	Fulton	Ontario	St. Lawrence	
Cattaraugus	Genesee	Orange	Sullivan	
Cayuga	Greene	Orleans	Tioga	
Chautauqua	Hamilton	Oswego	Tompkins	
Chemung	Herkimer	Otsego	Ulster	
Chenango	Jefferson	Putnam	Warren	
Clinton	Lewis	Rensselaer	Washington	
Columbia	Livingston	Rockland	Wayne	
Cortland	Madison	Saratoga	Wyoming	PO BOX 917
Delaware	Monroe	Schenectady	Yates	ALBANY NY 12201-0917
Dutchess	Montgomery	Schoharie		
Erie	Niagara	Schuyler		

All other vendors whose place of business is located in any of the following counties mail your return to the address listed on the right.

New York Co Richmond	New York County with ZIP codes 10001-10019 Richmond					
	Queens Westchester ounty with ZIP codes 10020-10285	G P O BOX 5464 New York NY 10087-5464				
Nassau	Suffolk	PO BOX 1866 HICKSVILLE NY 11802-1866				

Need Help?

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.