| lew York State Department o | f Taxation and Finance |
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New York State and Local Sales and Use Tax Return for Part-Quarterly Filers Use this form to report transactions for the period September 1, 1999, through September 30, 1999, only.

| Sales tax v | vendor i | dentification r | number | | | Business tele | ephone r | number | | Daytime telephone | number | - | formation | |
|--------------|------------|-----------------|--------------|------------------|------------------|------------------------------|-------------|-------------|-------|------------------------|----------------|----------|---|---------|
| | | | | | | () | | | | () | | lf y | our mailing address is inc | |
| Legal nam | ne | | | | | | | | | | | | the label and you have no eviously notified us, enter | |
| | | | | | | | | | | | | | rrect mailing address next eprinted address. If your m | |
| DBA | | | | Pla | | Label I | Hord | | | | | for | warded to a paid preparer | or you |
| Street | | | | 1 10 | | Laberr | | | | | | | ve any other change (nam ysical address or owner/of | |
| Sileei | | | | | | | | | | | | res | sponsible person information | on) |
| City, state, | ZIP co | de | | | | | | | | | | of | mplete Form DTF-95.1s, C Business Information for N | /endors |
| ony, otato, | , בוו ססי | | | | | | | | | | | | and in the ST-809 instruction rm DTF-95, <i>Change of Bu</i> | |
| Complete la | abeled f | form and ma | il it in tl | he enclo | osed en | velope to the a | applicab | le PO l | oox l | isted on the back | | Int | formation. To request | |
| | | | | | | | | | | ST-809, call the | | | rm DTF-95, call the Busin ormation Center (see telep | |
| | | call (518) 48 | | | 0 972-1 | 233, or call 1 | 800 462 | 2-8100. | Froi | m areas outside th | ie | nu | mber listed to the left). | |
| Type of busi | | call (010) 40 | 0000 | • | | | Che | ck here | if yo | u are reporting sale | es tax on thi | s ret | urn for | |
| | | | | | | | more | e than c | one b | usiness location | entification n | | er does not have a | |
| | | | | | | | C SL | uffix, atta | ach a | a list of your locatio | ns. | umb | er udes not nave a | |
| Summar | ry of 1 | Tax Due - | – Co | mplet | e Lon | g Method | or Sh | ort M | leth | od section b | elow, no | t bo | oth (see instructio | ns). |
| | 1 | nmary of | Α | - | | d Services | В | | | e Sales and Service | - | | Purchases Subject to Us | |
| | B | usiness | A | | nearest | | D | | | o nearest dollar) | | C | (to nearest dollar |) |
| | A | ctivities | • | | | | • | | | | | • | | |
| | 1a | Sales and u | use tax | es <i>(see</i> | instruct | ions) | | | 1a | | | | | |
| 1. | b | Credit for p | repaid | sales ta | ax <i>(see</i> | instructions) | | | 1b | | | | | 1 |
| Long | С | | | | | | | | | | | 1c | • | |
| Mathad | 2a | Credits not | identifi | ied <i>(atta</i> | chments | s required; see | instructio | ons) | 2a | • | | | | |
| Method | | | | | | mpTax payment | | | | | | • | | Г |
| | | | | | | | | | | | | 2c | | |
| | | | | | • | | , | | | | | - | • | |
| | | | | | | | | | | | | 4 | • | |
| | v | Amount de | | 11100 0 | | i uy thio u | inount. | | | | | v | • | |
| | 1a | Comparable | e quart | er of th | e prior | year (see instr | uctions) | * | 1a | • | | | | |
| | | | | | | | | | | | | | | |
| | с | Credit for p | repaid | sales ta | ax <i>(see</i>) | instructions) | | | 1c | | | | | |
| Chart | d | Net tax due |) (subtra | act line t | 1c from I | 'ine 1b) | | | | | | 1d | • | |
| Short | 2 a | Credits (atta | achmen | ts requir | ed) | | | | 2a | • | | | | |
| Method | l p | Advance pa | ayment | s (incluc | ling Pror | mpTax payment | t) | | 2b | • | | | | 1 |
| | - 0 | | | | | | | | | | | 2c | | |
| | | | | | • | | , | | | | | 3 | | |
| | | Amount du | • | • | | | | | | | | 4 5 | • | |
| | 13 | Amount ut | | IIIIes J | anu 4) | ray this at | nount. | | | | | 5 | • | |
| A 44 h | | | | | | Varia Otata O | -1 T- | | | | | - | - (C | |
| | | - | • | • | | York State Santification num | | | r_800 | and the | | For | office use only | |
| | | e reporting. | noncy | | | inication nan | | | | | | | | |
| · · · · | - | clude on line | 1a | Sign | ature of | vendor | | | ٦ | elephone number | | | | |
| | | d Adjustment | | | | | | | (|) | | | | |
| page 3 of t | the instr | uctions.) | | Title | | | | | ۵ | Date | | | | |
| Lang Phys | | A | ···· · · · · | | | | | | | | | | | |
| Locality | | Adjus \$ | ument | Sign | ature of | preparer (if othe | er than ve | endor) | רן | Telephone number | | | | |
| | | Ψ | | | | 1 | | | (|) | | | | |
| | | | | rep | arer's ac | uless | | | ľ | Date | | | | |
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Where to mail your return and attachments

All vendors, except those who participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, including those located outside New York State, mail your completed return and attachments to:

Vendors who participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, mail your completed return and attachments to: NYS SALES TAX PROCESSING GENERAL POST OFFICE PO BOX 1208 NEW YORK NY 10116-1208

NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT GENERAL POST OFFICE PO BOX 1209 NEW YORK NY 10116-1209

If you are enrolled in the PrompTax Program, please use the preaddressed envelope provided.

If you are using a private delivery service, address the return envelope to: The CHASE MANHATTAN BANK, NYS GOVERNMENT TAX PROCESSING, 12 CORPORATE WOODS BLVD., 4th FLOOR, ALBANY NY 12211

For a listing of designated delivery services, see Publication 55, Designated Private Delivery Services.

Need help?

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| | Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. | | | | | | | |
|---|---|----------------|--|--|--|--|--|--|
| 圕 | For business tax information, call the New York State Business Tax Information Center: | 1 800 972-1233 | | | | | | |
| | For general information: | 1 800 225-5829 | | | | | | |
| | To order forms and publications: | 1 800 462-8100 | | | | | | |
| | From areas outside the U.S. and outside Canada: | (518) 485-6800 | | | | | | |
| | Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. | 1 800 748-3676 | | | | | | |
| | Internet access: http://www.tax.state.n | y.us | | | | | | |



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU TAXPAYER CORRESPONDENCE W A HARRIMAN CAMPUS ALBANY NY 12227