New York State Department of 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 January 1, 2000, through January 31, 2000, only.

| Sales tax ve                    | endor identification r  | number      |   | Business telepl        | hone number                      | Daytime telephone numb  | information   |  |
|---------------------------------|---|-------------|---|------------------------|----------------------------------|---|---|--|
|                                 |   |             |   | ( )                    |                                  | ( )   | If your mailing address is incorrect                                      |  |
| Legal name                      | ;   |             |   |                        |                                  |   | on the label and you have not previously notified us, enter your          |  |
| DBA                             |   |             |   |                        |                                  |   | correct mailing address next to yo<br>preprinted address. If your mail is |  |
|                                 |   |             | Place   | label h                | ere                              |   | forwarded to a paid preparer or ye have any other change (name, ID        |  |
| Street                          |   |             |   |                        |                                  |   | physical address or owner/officer   |  |
|                                 |   |             |   |                        |                                  |   | responsible person information)<br>complete Form DTF-95.1s, Change        |  |
| City, state, 2                  | ZIP code  |             |   |                        |                                  |   | of Business Information for Vendo<br>found in the ST-809 instructions,    |  |
| Complete la                     | bolod form and m  | oil it in t | the enclosed                                    | anvalana ta tha        | applicable P                     | O box listed on the back o  | Form DTF-95, Change of Busines  |  |
|                                 |   |             |   |                        |                                  | m ST-809, call the  | Form DTF-95, call the Business T  |  |
| Business Ta                     | ax Information Cer  | nter toll   | free 1 800 97                                   |                        |                                  | 00. From areas outside the  | e Information Center (see telephone number listed to the left).           |  |
| J.S. and Ca<br>Type of busin    | anada, call (518) 4   | 85-680      | 0.  |                        | Check here                       | f you are reporting sales tax   | on this return for  |  |
| more the                        |   |             |   |                        |                                  | eck here if you are reporting sales tax on this return for<br>re than one business location |   |  |
|                                 |   |             |   |                        | If you checked<br>C suffix, atta | ed this box and your identifica<br>ch a list of your locations.                             | ation number does not have a  |  |
| Summary                         | of Tax Due –  | – Com       | plete <i>Lon</i>                                | a method or            |                                  |   | not both (see instructions).  |  |
| j                               | Summary of  |             | •   |                        | _                                | axable sales and services   | Purchases subject to use tax  |  |
|                                 | Summary of A  |             | Gross sales and services<br>(to nearest dollar) |                        | B                                | (to nearest dollar)   | (to nearest dollar)   |  |
|                                 | activities  | •           |   |                        | •                                |   | •   |  |
| _                               | 1a Sales and u  |             |   |                        |                                  |   |   |  |
| Long                            |   |             |   | instructions)          |                                  |   |   |  |
| •                               |   |             |   |                        |                                  |   | 1c •  |  |
| method                          | 2a Credits not  |             |   | s required; see ins    |                                  |   | ——  |  |
|                                 |   | -           |   | mpTax payment)         |                                  |   |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |
|                                 |   |             | lines 3 and 4)                                  |                        |                                  |   |   |  |
|                                 | •   |             |   |                        |                                  |   |   |  |
|                                 |   |             |   | year (see instruc      |                                  |   |   |  |
|                                 |   |             |   | instructions)          |                                  |   | —   |  |
| Short                           |   |             |   |                        |                                  |   | 1d •  |  |
| Short                           | 2a Credits (atta  |             |   |                        |                                  |   |   |  |
| method                          |   |             |   | ompTax payment)        |                                  |   |   |  |
|                                 | c Add lines 2a and 2b   |             |   |                        |                                  |   | 2c  |  |
|                                 | 3 Sales and use taxes due (subtract line 2c from line 1d)   |             |   |                        |                                  |   |   |  |
|                                 | <ul> <li>4 Interest and penalties (see instructions)</li> <li>5 Amount due (add lines 3 and 4) Pay this amount</li> </ul> |             |   |                        |                                  |   |   |  |
|                                 | 5 Amount du   |             | lines 3 and 4)                                  | Fay this all           | ount                             |   |   |  |
|                                 |   |             |   |                        | _                                | Γ   |   |  |
|                                 | heck or money or  |             |   |                        |                                  | 200 and the   | For office use only   |  |
|                                 | on the check or m<br>ou are reporting.  | oney or     | uei youi iuei                                   |                        | , <b>FOIII 31-</b> 0             |   |   |  |
|                                 | nts: Include on line  | • 1a        | Signature o                                     | f vendor               |                                  | Telephone number  |   |  |
| (See Short method adjustment on |   |             | Title   |                        |                                  | ( )   |   |  |
| page 3 of th                    | e instructions.)  |             |   |                        |                                  | Date  |   |  |
| Locality                        | ۸diua   | tmont       | Signature                                       | f proporor // athent   | han vander                       | Telephone number  |   |  |
| Locality                        | Adjus<br>\$   | unent       | Signature 0                                     | f preparer (if other t | nan vendor)                      |   |   |  |
|                                 | Ŧ   |             | Preparer's a                                    | address                |                                  | Date  |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |
|                                 |   |             |   |                        |                                  |   |   |  |

## 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?

| A   | <b>Telephone assistance</b> is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. |                |  |  |  |  |
|-----|---|----------------|--|--|--|--|
|     | 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 |  |  |  |  |
|     | <b>Fax-on-demand forms:</b> Forms are available 24 hours a day, 7 days a week.                              | 1 800 748-3676 |  |  |  |  |
| www | Internet access: http://www.tax.state   | .ny.us         |  |  |  |  |



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:25 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