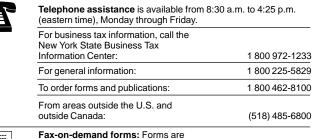
	New York State Department of Taxa	tion and Finance	Part-Quarterly ST-809	
	New York State and Loc Sales and Use Tax Retu for Part-Quarterly Filers	rn	January 2001 Tax period January 1, 2001 – Januar	
Sales tax identification	number		February 2001	44.04
Legal name (if no label, print le	egal name as it appears on the Certificate of Authority)		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 <b>20</b> 21 22 23 24	1101
dba (doing business as) n	ame	l here	25 26 27 28	
Number and street	ame Place address labe			y, ry 20, 2001
City, state, ZIP code			You will be respond penalty and inter return is not pos this date.	rest if your
You must file	ex and enter your gross sales in Box 1 of Step 1 bel by the due date even if no tax is due. See ① in i iness information changed? If so, enter new mailin	nstructions.	-	
	tep 2, but not both. (See 6) in instruct		•	
Step 1 of 3 Long n	nethod of calculating tax due			
1 Enter total gross sale	es and services (to nearest dollar; see 3 in inst	tructions)	1  2	.00
2 Enter total taxable s	ales and services (to nearest dollar; see 4 in in	structions)		.00
	s subject to use tax (to nearest dollar; see 5 ir			.00
4 Sales and use tax (s	ee 🕡 in instructions)			
	lles tax (see 🚯 in instructions)		6	
	Box 5 amount from Box 4 amount)			
<ul> <li>7 Credits not identified</li> <li>9 Advance poverante</li> </ul>	(attachments required, see 9 in instructions)			
• Advance payments (	b Box 8 amount		9	
	ue (subtract Box 9 amount from Box 6 amount)			
	(see $1$ in instructions)			
	ox 10 amount to Box 11 amount; see 🕑 in instru		12	
Step 2 of 3 Short n	nethod of calculating tax due			
1 Comparable quarter	of prior year (see (B) in instructions)*	1		
	amount)	2		
3 Credit for prepaid sa	lles tax (see 🚺 in instructions)	3		
-	Box 3 amount from Box 2 amount)			
-	required, see 🚯 in instructions)			
	(including PrompTax payments, see 🔞 in instructions)		7	
	b Box 6 amount			
	ue (subtract Box 7 amount from Box 4 amount)		······	
	(see 🕡 in instructions)		<u> </u>	
10 Amount due (add B	ox 8 amount to Box 9 amount; see 🔞 in instruct	ions) Pay this am		
	djustment in Box 1 (see Short method adjustr	For office use on	ly	
Locality	Adjustment \$			

			by <b>Tuesday, February 20, 2001,</b> to be considered wchart below for complete mailing information.			
Printed name of taxpayer			Title			
Signature of taxpayer		Date	Daytime telephone (	)		
Printed name of preparer, if other	than taxpayer					
Preparer's address						
Signature of preparer, if other than taxpayer Daytime telephone ()						
			✓ Make check payable to Ne	w York State Sales Tax.		
Where to mail your return and			David Sample 100 Elm Street Albany, NY 12203	2971 Date February 20, 2001		
attachments If using a private delivery service rather than the U.S.	No	Yes	Pay to THE ORDER OF New York State Sales One Thousand and 00/100	Tax   \$1000 DOLLARS		
Postal Service, see 19 in	Address envelope to:	Address envelope to:	First State Bank	$\mathbb{S}^{\mathcal{S}}$		
instructions for the correct address.	NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1208	NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING	00-0000000 ST-809 January 2001	A Aluid Dample		
	NEW YORK NY 10116-1208	PO BOX 1209 NEW YORK NY 10116-1209	Don't forget to write your ID#, <b>ST-809</b> , and tax period	Don't forget to sign your check		
If you are enrolled in the PrompTax	program, please use the preadd	essed envelope provided.				

## Need help?





Internet access: http://www.tax.state.ny.us

available 24 hours a day,

7 days a week.



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.



1 800 748-3676

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

Refer to instructions (Form ST-809-I) if you have questions or need help. Make sure you keep a completed copy of your return for your records.