

New York State and Local Quarterly Sales and Use Tax Return

| | ST-100 | | | | | | |
|--------------------------------|------------|--------|--|--|--|--|--|
| June | July | August | | | | | |
| | | | | | | | |
| ++++ | Tax Period | | | | | | |
| June 1, 2001 – August 31, 2001 | | | | | | | |

| Sales tax i | dentification number | 1 1 1 | | September 200 | F S | | | | |
|------------------------|---|-----------------------------------|--|--|---|--|--|--|--|
| Legal name | (if no label, print legal name as it appears on the Cert | ificate of Authority) | | 2 3 4 5 6 | 1 7 8 2 02 | | | | |
| dba (doing b | ousiness as) name | | | 9 10 11 12 13 1 16 17 18 19 20 2 23 24 25 26 27 2 30 | 21 22 28 29 | | | | |
| | | place label he | ere | | Due date: | | | | |
| Number and | d street F | olace las | | | Thursday, September 20, 2001 | | | | |
| City, state, Z | ZIP code | | | You will penalty return is | be responsible for and interest if your s not postmarked by | | | | |
| No tax due? | Check the box to the right and complete You must file by the due date even if no | | | | Step 9. | | | | |
| Multiple locations? | If you are reporting sales tax for more than one business location and your identification number does not end in <i>C</i> , check the box to the right and attach a list of your locations. | | | | | | | | |
| Final return? | Check the box to the right if you are dis your <i>Certificate of Authority</i> . Attach the | | | | | | | | |
| Has your ad | ldress or business information cha | nged? If so, check th | ne box to the right and enter new mailing address | on preprinted label above. See 3 | in instructions. | | | | |
| Step 1 of | f 9 Gross sales and services | | Enter total gross sales and ser in box 1 | | .00 | | | | |
| Do not incl | lude sales tax in the gross sales a | nd services am | ount. See 4 in instructions. | | | | | | |
| Step 2 o | f 9 Identify required schedules | Check the box(proceed to Step | es) on the right below, then composes. Need to obtain schedules? | plete the schedule(s) if See <i>Need help?</i> on pa | necessary and age 4 of this form. | | | | |
| Quarterly schedule | Description | · | | | Check the box for each schedule you are attaching | | | | |
| SCHEDULE | Use Form ST-100.2, Quarterly Sch. (restaurant meals, takeout, etc.) ar admissions, club dues, and cabare | nd from hotel occ | upancy <mark>in Nassau or Niagara C</mark> | | | | | | |
| SCHEDULE | Use Form ST-100.3, Quarterly Sch transportation and delivery of ga including school district utility taxes made to QEZEs on Form ST-100.3 | | | | | | | | |
| SCHEDULE FR | Use Form ST-100.10, <i>Quarterly So</i> and fuel taken from inventory, as e | | | | | | | | |
| SCHEDULE | Use Form ST-100.7, Quarterly Schexemption from New York State a | | | | | | | | |
| SCHEDULE | Use Form ST-100.5, <i>Quarterly Sch</i> New York City . Reminder: Provide Schedule N-ATT. | | | | | | | | |
| | | | | Use Form ST-100.9, <i>Quarterly Schedule Q</i> , to report sales of tangible personal property or services to Qualified Empire Zone Enterprises (QEZEs) eligible for exemption from New York State and some local sales and use tax. | | | | | |
| SCHEDULE | to Qualified Empire Zone Enterp | | | | | | | | |
| | to Qualified Empire Zone Enterp | rises (QEZEs) e | ligible for exemption from New t taxes due on telephone servicesed by certain counties, school | York State and some es, telephone districts, and cities. | | | | | |

Refer to instructions (Form ST-100-I) if you have questions or need help. Please be sure to keep a completed copy of your return for your records. See the bottom of page 4 for informational telephone numbers.

For office use only

Proceed to Step 3, page 2

| Step 3 of 9 Calculate sales and use taxes Refer to instructions (Form ST-100-I) if you have questions or need help. | | Column C Taxable sales and services | Column D Purchases subject to tax | Column E Tax rate | | |
|---|-------------------------|---|-----------------------------------|--------------------|---|---|
| Enter total from Form ST-100.10 (if any) in box 2 | | | | | 2 | |
| Enter totals (if any) from: A+B+B+++++++++++++++++++++++++++++++++ | T + $T \cdot ATT$ = | .00 | .00 | | 5 | |
| Column A Taxing Jurisdiction | Column B Code | | | | | |
| New York State only | NE 0002 | .00 | .00 | 4% | | |
| Albany County | AL 0179 | .00 | .00 | 8% | | |
| Allegany County | AL 0215 | .00 | .00 | 8% | | |
| Broome County | BR 0313 | .00 | .00 | 8% | | |
| Cattaraugus County (outside the following) | CA 0499 | .00 | .00 | 8% | | |
| Olean (city) | OL 0419 | .00 | .00 | 8% | | |
| Salamanca (city) | SA 0429 | .00 | .00 | 8% | | |
| Cayuga County (outside the following) | CA 0503 | .00 | .00 | 8% | | |
| Auburn (city) | AU 0552 | .00 | .00 | 8% | | |
| Chautauqua County | CH 0602 | .00 | .00 | 7% | | |
| Chemung County | CH 0793 | .00 | .00 | 7% | | |
| Chenango County (outside the following) | CH 0805 | .00 | .00 | 7% | | |
| Norwich (city) | NO 0844 | .00 | .00 | 7% | | |
| Clinton County | CL 0993 | .00 | .00 | 7% | | |
| Columbia County | CO 1003 | .00 | .00 | 8% | | |
| Cortland County | CO 1122 | .00 | .00 | 8% | | |
| Delaware County | DE 1202 | .00 | .00 | 6% | | |
| Dutchess County | DU 1303 | .00 | .00 | 71/4% | | |
| Erie County | ER 1415 | .00 | .00 | 8% | | |
| Essex County | ES 1502 | .00 | .00 | 7% | | |
| Franklin County | FR 1602 | .00 | .00 | 7% | | |
| Fulton County (outside the following) | FU 1706 | .00 | .00 | 7% | | |
| Gloversville (city) | GL 1715 | .00 | .00 | 7% | | |
| Johnstown (city) | JO 1724 | .00 | .00 | 7% | | |
| Genesee County | GE 1895 | .00 | .00 | 8% | | |
| Greene County | GR 1903 | .00 | .00 | 8% | | |
| Hamilton County | HA 2002 | .00 | .00 | 7% | | |
| Herkimer County | HE 2104 | .00 | .00 | 8% | | |
| Jefferson County | JE 2202 | .00 | .00 | 7% | | - |
| Lewis County | LE 2303 | .00 | .00 | 7% | | |
| Livingston County | LI 2402 | .00 | .00 | 7% | | |
| Madison County (outside the following) | MA 2582 | .00 | .00 | 7% | | |
| Oneida (city) | ON 2526 | .00 | .00 | 7% | | |
| Monroe County | MO 2605 | .00 | .00 | 8% | | |
| Montgomery County | MO 2793 | .00 | .00 | 7% | | |
| Nassau County | NA 2804 | .00 | .00 | 81/2% | | |
| Niagara County | NI 2902 | .00 | .00 | 7% | | |
| Oneida County (outside the following) | ON 3003 | .00 | .00 | 8% | | |
| Rome (city) | RO 3029 | .00 | .00 | 8% | | |
| Sherrill (city) | SH 3045 | .00 | .00 | 8% | | |
| Utica (city) | UT 3056 | .00 | .00 | 8% | | |
| Onondaga County | ON 3102 | .00 | .00 | 7% | | |
| Ontario County (outside the following) | ON 3272 | .00 | .00 | 7% | | |
| Canandaigua (city) | CA 3232 | .00 | .00 | 7% | | |
| Geneva (city) | GE 3242 | .00 | .00 | 7% | | |
| Orange County | OR 3303 | .00 | .00 | 71/4% | | |
| Orleans County | OR 3473 | .00 | .00 | 8% | | |
| Oswego County (outside the following) | OS 3598 | .00 | .00 | 7% | | |
| Fulton (city) | FU 3532 | .00 | .00 | 7% | | _ |
| Oswego (city) | OS 3542 | .00 | .00 | 7% | | |
| | 100 00 12 | 6 | 7 | . 70 | 8 | _ |
| Column subtotals (also enter on page 3, boxes 10, 1 | .00 | .00 | | - | | |

| or gas and electric services); (errier box sa ameant in elep 15) | | .00 | .00 | 0 / 0 | | | |
|--|--------------|------------------------|------------------------------|--------------------|---------|---|---------------|
| | | | | | | | |
| | | | | | | | <u> </u> |
| | | 10 | 11 | | 12 | | l |
| Column subtotals from page 2, boxes 6, | 7, and 8: | .00 | .00 | | | | |
| If the total of box 13 + box 14 = \$300,000 or more, see page 1 of instructions. | nn totals: | .00 | .00 | | 15 1 | | |
| Credit summary — Enter the total amount of credits claim | med in Step | 3 above, and on any at | tached schedules <i>(see</i> | 12 c). | | | .00 |
| Step 4 of 9 Calculate special taxes | | Internal code | Column G Taxable receipts | Column H Tax rate | = S | Column J pecial taxes due (G × H) | , |
| Passenger car rentals | | PA 0003 | .00 | 5% | | | |
| Information & entertainment services furnished via telephony and | d telegraphy | IN 7009 | .00 | 5% | | | |
| | | | Total specia | l taxes: | 16 | | |
| Step 5 of 9 Calculate tax credits and advance p | ayments | | Inte | rnal code | | Column K Credit amount | |
| Credit for prepaid sales tax on cigarettes | | | | C8888 | | | |
| Credits against sales or use tax (see 16 in instructions) | | | | | | | |
| Advance payments (made with Form ST-330) | | | | | | | |
| Unclaimed vendor collection credit (attach Form PR-912) | | | | | | | |
| | | Total tax credits | and advance pay | ments: | 17 | | |
| | | | P | roceed to | Step | 6, page 4 | $\overline{}$ |
| | | | | | | | |
| | | | | | | | |

| Page 4 of 4 | ST-100 (6/01) | | | | 202 | Quarterly | ST-100 |
|--|---|--|---|--|---------------------|------------------------------|---------|
| _ |) Calculate | taxes due | Add <i>Sales and use tax</i> colul (box 16) and subtract <i>Total</i> (box 17). | mn total (box 15) to <i>Total spec</i> tax credits and advance paym | cial taxes nents | Taxes due | |
| Box 15 amount \$ | | + Box 16 amount \$ | _ | x 17 nount \$ | = 18 | 3 | |
| | | vendor collection cred halty and interest | You are eligible for vendor September 20, 2001, and y | collection credit ONLY if you pay the full amount due we, enter "0" in box 19 and go t | ith the | | |
| start at Schedu Schedu Schedu Schedu Schedu Schedu Schedu Total ac | the asterisk (*) le B, Part 4, box le B, Part 4, box le B-ATT le H le N le Q le T-ATT djustment | 4 | Schedule FR, Part 3, box 7 *Form ST-100, Step 3, box Total adjustment from 7A NYC local tax, Step 3, boxe Eligible sales amount (me | es 9 and 9a | | | |
| S | ile sales amount from 7. | $\frac{1}{m 7A \text{ above}} \times 4\% = (\text{subtotal } 2)$ $\times 3\% = (\text{subtotal } 1)$ | | Credit rate × 3½% = \$ | ** 19 | Vendor collection VE 7702 | credit |
| | | | amount calculated, but not more | | | | |
| OR Pay | penalty and i | nterest if you are filing I | ate | | | Penalty and inte | erest |
| | | access our Web site at <i>www.tax</i> er <i>Penalty and interest</i> amount ir | k. <i>state.ny.us</i> for total penalty and in box 20. | iterest calculated on the box 18 | 3, 20 | 0 | |
| Step 8 of 9 | 9 Calculate | total amount due | Make check or money order Write on your check your ID | payable to New York State Sal #, ST-100 , and 08/31/01 . | les Tax. | Total amount | due |
| Final ca | lculation: | _ | ction credit? Subtract box interest? Add box 20 to bo | | | | |
| | | mail this return leted copy for your records. | | Thursday, September 20, 20 See below for complete ma | | ation. | |
| Printed name | of taxpaver | | ' | Title | | | |
| Signature of ta | | | Date | Daytime telephone (|) | | |
| Printed name (| of preparer, if othe | r than taxpayer | | | | | |
| Preparer's add | | | | | | | |
| Signature of p | reparer, if other tha | an taxpayer | | Daytime telephone Make check payable |) to New You | rk Stato Salos Ta | |
| ल्लि | | Do you participate in the Ne | w Jersey/New York or the | David Sample | | K Otate Gales 142 | 2971 |
| Where to n | nail | Connecticut/New York Recip | | 100 Elm Street Albany, NY 12203 | DATE | September 10, 200 |)1 |
| your return | | No | Yes | PAY TO THE ORDER OF New York State | Sales Tay | \$1 | 000 |
| attachmen If using a priva | | | | One Thousand and 00/100 | | | DOLLARS |
| service rather Postal Service instructions for the correct add | than the Ú.S. , see 24 in r | Address envelope to: NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1205 NEW YORK NY 10116-1205 | Address envelope to: NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING PO BOX 1209 NEW YORK NY 10116-1209 | First State Bank 00-0000000 ST-100 8/31/01 Don't forget to write you | | and Sample | 2 |
| Mand bar | ? | | | ID#, ST-100 , and 8/31/0 | | gn your check | |
| Need hel | | m 8:30 a.m. to 4:25 p.m. | | rnet access: www.tax.state.ny.u | | | |
| | nday through Frida | | Pers (Pical | ons with disabilities: In compl | iance with the | e Americans with | |

(eastern time), Monday through Friday.
Business Tax information: 1 800 972-1233
Forms and publications: 1 800 462-8100
From outside the U.S. and outside Canada: (518) 485-6800
Fax-on-demand forms: 1 800 748-3676
Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m., eastern time)

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, W A Harriman Campus, Albany NY 12227.