Quarterly														5	ŀ	- 1	C	U	)
ember				r	January						February						ĺ		
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	Toy Poriod																		
ı		Tax Period											ı					ı	

	New York State Department of Taxation and Finance
4th Quarter	New York State and Local Quarterly Sales and Use Tax Return

December						January							February							
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H	Н	+	+	H	Т	a	K l	Pe	ri	o	d	_	_	-	_	H	L	L		
December 1, 2001 – February 28, 2002																				

Sales tax id	dentification number			S M T W T	F S
Legal name	(if no label, print legal name as it appears on the Cert	ificate of Authority)		17 18 19 20 21 2	1 2 8 9 5 16 22 23
dba (doing b	usiness as) name		<b>10</b>	24 25 26 27 28 2 31	29 30
Number and	ctroot	olace label he	16		Due date:
Number and	F	olace .			Wednesday, March 20, 2002
City, state, Z	IP code			penalty	be responsible for and interest if your s not postmarked by e.
No tax due?	Check the box to the right and complete You <b>must</b> file by the due date even if no				
Multiple locations?	If you are reporting sales tax for more t the right and attach a list of your location		•		ck the box to
Final return?	Check the box to the right if you are dis your <i>Certificate of Authority</i> . Attach the				
Has your ad	dress or business information char	nged? If so, check the	e box to the right and enter new mailing address o	n preprinted label above. See	in instructions.
Step 1 of	9 Gross sales and services		Enter total gross sales and set in box 1		.00
Do not incl	ude sales tax in the gross sales a	nd services amo	ount. See 4 in instructions.		
Step 2 of	9 Identify required schedules	Check the box(e proceed to Step	es) on the right below, then compl 3. <b>Need to obtain schedules?</b> S	ete 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, <i>Quarterly Sch</i> (restaurant meals, takeout, etc.) an admissions, club dues, and cabare	d from hotel occu	ipancy <mark>in Nassau or Niagara Co</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	s and services,			
SCHEDULE FR	Use Form ST-100.10, <i>Quarterly Sc</i> and fuel taken from inventory, as ex				
SCHEDULE	Use Form ST-100.7, <i>Quarterly Sch</i> <b>exemption</b> from New York State an	r eligible for			
SCHEDULE	Use Form ST-100.5, <i>Quarterly Sch</i> <b>New York City</b> . Reminder: Provide <i>Schedule N-ATT.</i>				
SCHEDULE	Use Form ST-100.9, <i>Quarterly Sch</i> <b>to Qualified Empire Zone Enterpi</b> local sales and use tax.				
SCHEDULE	Use Form ST-100.8, <i>Quarterly Sch</i> <b>answering services</b> , <b>and telegrap</b> Reminder: You must report sales of <i>Schedule T-ATT</i> .	oh services impo	sed by certain counties, school d	istricts, and cities.	
	Schedules CT and N.I: For recipr	ocal tay agreem	ent filing requirements, see 5 i	n instructions	

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

Quarterly ST-100

Step 3 of 9 Calculate sales and use taxes Refer to instructions (Form ST-100-I) if you have questions of	r need help.	Column C Taxable sales and services	Column D Purchases subject to tax	Column E  Tax rate	Column F Sales and use tax (C + D) × E
Enter total from Form ST-100.10 (if any) in box 2					2
Enter totals (if any) from: $A + B + AT + H + N + Q +$	$T$ + $T \cdot ATT$ =	.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 1003	.00	.00	8%	
Delaware County	DE 1202	.00	.00	6%	
Dutchess County	DU 1303	.00	.00	71/4%	
				8%	
Erie County	ER 1415	.00	.00		
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	7¼%	
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%	
		6	7		8
Column subtotals <i>(also enter on page 3, boxes 10, 1</i>	1, and 12):	.00	.00	]	

Advance payments (made with Form ST-330)

Unclaimed vendor collection credit (attach Form PR-912)

Page 4 of 4 ST-100 (1	2/01)		40	<u>02</u> <b>Quarterly</b> S	T-100
Step 6 of 9 Calcu	late taxes due	Add Sales and use tax column taxes (box 16) and subtract 7 payments (box 17).	n total (box 15) to <i>Total special</i> Fotal tax credits and advance	Taxes due	
Box 15 amount \$	+ Box 16 amount \$	= Box 1 <sup>-</sup> amoun	_	18	
Step 7 of 9 Calcu	late vendor collection credit penalty and interest	You are eligible for vendor co	bllection credit ONLY if you file by the full amount due with the return.		
start at the asteri	4, box 4	Schedule FR, Part 3, box 7 *Form ST-100, Step 3, box 1 Total adjustment from 7A Form ST-100, Step 3, box 9 Form ST-100, Step 3, box 9a Eligible sales amount (move	-		
Fligible sales amoun  SSchedule B, Part 4, b  \$	$\begin{array}{ccc} & \times & 4\% & = (subtotal \ a) \\ & \times & 2\% & = (subtotal \ b) \end{array}$	\$ \$	Credit rate	Vendor collection cred VE 7702	dit
		a and b)\$ > ount calculated, but not more tha			
OR Pay penalty	and interest if you are filing lat			Penalty and interes	it
<b>7D</b> Call 1 800 972-1 interest due on t	20				
Step 8 of 9 Calcu	ayable to <b>New York State Sales Tax.</b> <b>ST-100</b> , and <b>2/28/02</b> .	Total amount du	e		
Final calculation		ion credit? Subtract box 19 terest? Add box 20 to box			
Step 9 of 9 Sign a	and mail this return completed copy for your records.		ednesday, March 20, 2002, to be or complete mailing information.	considered	
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 of	ther than taxpayer		Daytime telephone ( )  Make check payable to New )	ork State Sales Tax.	
Where to mail	Do you participate in the New Connecticut/New York Recipro		David Sample 100 Elm Street Albany, NY 12203	297 ATE <b>March 10, 2002</b>	1
your return and	N-	V	PAY TO THE New York State Sales Tax	\$1000	,
attachments	No	Yes	DOLLA		
If using a private delivery service rather than the U Postal Service, see 4 in instructions for the correct address.	7. Address envelope to:  NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1205 NEW YORK NY 10116-1205	Address envelope to:  YS SALES TAX PROCESSING ECIPROCAL TAX AGREEMENT AF BUILDING O BOX 1209 EW YORK NY 10116-1209	First State Bank  00-0000000 ST-100 2/28/02  Don't forget to write your ID#, ST-100, and 2/28/02	Don't forget to sign your check	
Need help?		Interne	at access: www.tax.state.ny.us	orger your officer	
Telephone assistance is availa	ble from 8:30 a.m. to 4:25 p.m.	<u>=</u>	Ť	the Americans with	
(eastern time), Monday throug		Disabili	<b>s with disabilities:</b> In compliance with ties Act. we will ensure that our lobbie	s. offices, meeting	

(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)

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.