Quarterly Schedule N-ATT

File as an attachment to Quarterly Schedule N

For tax period:

June 1, 2002, through August 31, 2002

Due date:

Friday, September 20, 2002

2002
Include with
Quarterly Schedule N
(Form ST-100.5)

Sales tax identification number		Legal name (Print ID# and name as shown on Form ST-100 or Certificate of Authority)

ullet If you are an exempt organization, check here and complete Section A only.

Section A Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Section B								
		Complete Section B for each facility located within Manhattan. Attach additional sheets if needed.								
Location I • ☐ Check I	nere if outside Manhattan		а		b	С	d			
• Address		Month	Weekday* 18¼%		Weekend** 18¼%	Monthly 181/4%	Manhatta residents 101/4%			
• ZIP code										
Maximum daily rate		1		.00	.00	.00	0	.00		
Licensed vehicle capacity •		2		.00	.00	.00	0	.00		
Enter below all license numb						_				
•		3		.00	.00	.00	0	.00		
•		.			- 00			00		
l cootion II O		Total		.00	• .00 b	C .00	0 • d	.00		
Location II ■ Check here if outside Manhattan ■ Address		Month	a Weekday*		Weekend**	Monthly	Manhatta resident			
710			18¼%		18¼%	18¼%	10¼%			
ZIP code Maximum daily rate				00	00	0.		00		
Maximum daily rate		1		.00	.00	.00	J	.00		
Licensed vehicle capacity ●		2		.00	.00	.0	0	.00		
Enter below all license numb	ers for this facility									
•		3		.00	.00.	.00	0	.00		
•						_	_			
		Total		.00			• 0	.00		
Location III ● ☐ Check here if outside Manhattan			a		b	С	Manhatta	an		
Address		Month	Weekday* 18¼%		Weekend** 18¼%	Monthly 18¼%	resident	S		
ZIP code										
Maximum daily rate		1		.00	.00	.00	0	.00		
Lianna advahiala assasitu				00	00			0.0		
Licensed vehicle capacity • Enter below all license number	ore for this facility	2		.00	.00	.00	J	.00		
Titel below all licerise fluilible		3		.00	.00	.00		.00		
•		3		.00	.00	.00	5	.00		
•		Total	•	.00	.00	.00	0 •	.00		
Location IV ● ☐ Check I	nere if outside Manhattan		а		b	С	d			
• Address		Month	Weekday* 18¼%		Weekend** 18¼%	Monthly 18¼%	Manhatta resident 10%%	an S		
• ZIP code										
Maximum daily rate		1		.00	.00	.00	0	.00		
Licensed vehicle capacity •		2		.00	.00	.00		.00		
Enter below all license numb	ers for this facility			.00	.00	.01		.00		
•	•	3		.00	.00	.00	0	.00		
l l				-						
•										

^{*} Weekday means Monday through Friday. **Weekend means Saturday and Sunday.

Quarterly Schedule N-ATT Taxes on Parking Services in New York City Instructions Report transactions for the period June 1, 2002, through August 31, 2002.

Who must file

Complete Form ST-100.5-ATT, Quarterly Schedule N-ATT, and Form ST-100.5, Quarterly Schedule N, if you are required to collect tax on the services of parking, garaging, or storing of motor vehicles in New York

All exempt organizations and vendors whose facilities are located outside Manhattan must complete only Section A of Form ST-100.5-ATT. Vendors conducting business in Manhattan must complete both Sections A and B of Form ST-100.5-ATT.

Specific instructions

Identification number and name — Print the sales tax identification number and legal name as shown on Form ST-100, New York State and Local Quarterly Sales and Use Tax Return, or on your business's Certificate of Authority for sales and use tax.

Exempt organizations — Check the box beneath the identification number and name boxes, and complete Section A.

Other parking providers — There are spaces for four different locations to be listed in both Sections A and B. If you need to report for more than four facilities, photocopy this form or request additional copies (see Need help? below if you need to obtain forms).

Section A — All New York City locations

The maximum daily rate indicated in Section A refers to the cost of keeping a vehicle in a garage all day, not including overnight, as on file with the New York City Department of Consumer Affairs (DCA). The licensed vehicle capacity refers to the capacity most recently authorized by the DCA. The license number refers to the license the DCA issued for the facility. If the DCA has issued more than one license for the facility, the vendor must list every license number issued for that location. If the facility is not required to be licensed, this area should be left blank, but vehicle capacity must be shown.

Complete the information requested in Section A for every New York City facility you operate, whether the facility is located inside or outside Manhattan. Check the box in Section A if your facility is located outside Manhattan, and fill in the complete address, including the ZIP code. If your facility is not required to be licensed by the DCA, complete the rest of Section A, and enter your vehicle capacity in the section marked Licensed vehicle capacity.

Do not check the box in Section A if your facility is located in Manhattan, but complete the remainder of Section A and all of Section B. You must complete Section B if your facility is located in Manhattan.

Section B — Manhattan locations

Complete Section B if your facility is located in Manhattan. You must report the Manhattan parking receipts separately by category and tax rate for each facility (weekday sales, weekend sales, monthly sales, and Manhattan

Enter in column a the total weekday (Monday through Friday) receipts taxed at 181/4% for each month of the guarter. Add the three monthly totals and enter the quarterly total on the total line in column a.

Enter in column b the total weekend (Saturday and Sunday) receipts taxed at 181/4% for each month of the quarter. Add the three monthly totals and enter the quarterly total on the total line in column b.

Enter in column c the total monthly receipts for nonresident parking purchased on a monthly (or longer term) basis taxed at 181/4% for each month of the quarter. Add the three monthly totals and enter the quarterly total on the total line in column c.

Enter in column d the total monthly receipts for Manhattan residents parking taxed at 101/4% for each month of the guarter. Add the three monthly totals and enter the quarterly total on the total line in column d.

The total receipts reported in columns a, b, and c represent the Manhattan receipts subject to tax at 181/4%. Report the Manhattan receipts subject to tax at 101/4% in column d.

The combined totals for columns a, b, and c in Section B for all locations must equal the taxable receipts reported on Form ST-100.5, Part 1, Column C, box 2.

The grand total from column d in Section B for all locations must equal the amount reported on Form ST-100.5, Part 1, Column C, box 3.

Filing this schedule

File a completed Form ST-100.5-ATT with Form ST-100.5 and any other attachments to Form ST-100 by the due date. Please be sure to keep a copy of your completed return for your records.

A parking facility operator's regular sales and compensating use tax return will be deemed incomplete and not filed unless a properly completed Form ST-100.5-ATT is submitted for each separate parking facility. Any address listed on Form ST-100.5-ATT must include a ZIP code.

If the operator's return is deemed not filed, the statute of limitations that limits the time to assess additional sales and compensating use tax does not begin to run (that is, additional taxes for the period may be assessed at any time).

Need help?

Telephone assistance is available from 8:30 a.m. to 4:25 p.m.

(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)

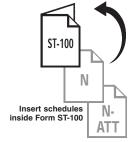
Internet access: www.tax.state.ny.us

Persons with disabilities: In compliance with the Americans with Persons with disabilities. In compliance with the same 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 Contact Center, W A Harriman Campus, Albany NY 12227.

Privacy notification

See Form ST-100-I, Instructions for Form ST-100, page 4.



ST-100.5-ATT (6/02) To order forms, call 1 800 462-8100 Need help? Call 1 800 972-1233 Page 2 of 2