#### **Annual Schedule N-ATT**



### **Taxes on Parking Services** in New York City

File as an attachment to Annual Schedule N

For tax period:

March 1, 2002, through February 28, 2003

Due date:

Thursday, March 20, 2003



**A03** 

ATT	
Include with	
nnual Schedule N	
orm ST-101.5)	

Sales tax ic	dentification numb	er		Legal name	Print ID# and n	ame as shown on Form	ST-101 or Certificate of Author	ity)
■ ☐ If you a	ire an exempt organ	nization, check l	here and complet	e Section A only.				
Section A	Complete S sheets, if n		each facility you	operate. You n	nust include	a ZIP code for any	address listed. Attach a	dditional
<b>Location 1</b> • ☐ Check here if <b>outside</b> Manhattan					<b>Location 2</b> • □ Check here if <b>outside</b> Manhattan			
Address ZIP code					● Address ● ZIP code			
Maximum daily rate					Maximum daily rate			
Licensed vehicle capacity					Licensed vehicle capacity			
Enter below all license numbers for this facility					Enter below all license numbers for this facility			
• •					•			
•		•			•		•	
•					•			
Section B	Complete S	Section B for e	each facility loca	ated within <b>Ma</b> n	<b>hattan</b> . Atta	ch additional sheet	ts, if needed.	
Location	1 receipts (col	mplete if loca	ted within Manl	nattan and you	are not an e	exempt organization	n)	
Month	a Weekday*	18¼%	Weekend**	18¼%	Monthly	c 18¼%	d Manhattan residents	10¼%
Mar. 2002	- Troumany	.00		.00	,	.00		.00
April 2002		.00		.00		.00		.00
May 2002		.00		.00		.00		.00
June 2002		.00		.00		.00		.00
July 2002		.00		.00		.00		.00
Aug. 2002		.00		.00		.00		.00
Sept. 2002		.00		.00		.00		.00
Oct. 2002		.00		.00		.00		.00
Nov. 2002		.00		.00		.00		.00
Dec. 2002		.00		.00		.00		.00
Jan. 2003		.00		.00		.00		.00
Feb. 2003		.00		.00		.00		.00
Total	•	.00	•	.00	•	.00	•	.00
	1 -				-			.00
	2 receipts (col	mplete it loca	ted within Manf	nattan and you	are not an e	exempt organization	n)	
Month	a Weekday*	18¼%	Weekend**	18¼%	Monthly	c 18¼%	d Manhattan residents	10¼%
Mar. 2002		.00		.00		.00		.00
April 2002		.00		.00		.00		.00
May 2002		.00		.00		.00		.00
June 2002		.00		.00		.00		.00
July 2002		.00		.00	<u> </u>	.00		.00
Aug. 2002		.00		.00		.00		.00
Sept. 2002		.00		.00		.00		.00
Oct. 2002		.00		.00		.00		.00
Nov. 2002		.00		.00		.00		.00
Dec. 2002		.00		.00		.00		.00
Jan. 2003		.00		.00		.00		.00
Feb. 2003		.00		.00		.00		.00
Total	•	.00	•	.00	•	.00	•	.00

<sup>\*</sup>Weekday means Monday through Friday

<sup>\*\*</sup>Weekend means Saturday and Sunday

## Annual Schedule N-ATT Taxes on Parking Services Instructions

# in New York City

Report transactions for the period March 1, 2002, through February 28, 2003.

#### Who must file

Complete Form ST-101.5-ATT, Annual Schedule N-ATT, and Form ST-101.5, Annual Schedule N, if you are required to collect tax on the services of parking, garaging, or storing of motor vehicles in New York City.

All exempt organizations and vendors whose facilities are located outside Manhattan must complete only Section A of Form ST-101.5-ATT. Vendors conducting business in Manhattan must complete both Sections A and B of Form ST-101.5-ATT.

#### Specific instructions

Identification number and name — Print the sales tax identification number and legal name as shown on Form ST-101, New York State and Local Annual Šales 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 two different locations to be listed in both Section A and B. If you need to report for more than two 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 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 resident sales).

Enter in column a the total weekday (Monday through Friday) receipts taxed at 181/4% for each month of the year. Add the 12 monthly totals and enter the annual 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 year. Add the 12 monthly totals and enter the annual 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 year. Add the 12 monthly totals and enter the annual 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 year. Add the 12 monthly totals and enter the annual 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-101.5, 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-101.5, Part 1, Column C, box 3.

#### Filing this schedule

File a completed Form ST-101.5-ATT with Form ST-101.5 and any other attachments to Form ST-101 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-101.5-ATT is submitted for each separate parking facility. Any address listed on Form ST-101.5-ATT must include a ZIP

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 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

Business tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100

From areas 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 a.m. to 5:55 p.m., eastern time).



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

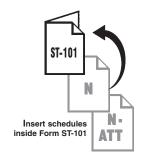
Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to: NYS Tax Department, Taxpayer Contact Center, W A Harriman Campus, Albany NY 12227.

#### Privacy notification

See Form ST-101-I, Instructions for Form ST-101, page 4.



ST-101.5-ATT (2/03) To order forms, call 1 800 462-8100 Need help? call 1 800 972-1233 Page 2 of 2