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Legal name (if no law dba (doing busines Number and stree City, state, ZIP cod No tax due? Chec You i Multiple If you locations? the rite	label, print legal name as it appears on the Certificate of Authority) ess as) name et place label ode ck the box to the right and complete Step 1; in Str must file by the due date even if no tax is due. The pu are reporting sales tax for more than one busin right and attach a list of your locations	S M T W T F 1 2 3 4 5 6 9 10 11 12 13 1 15 16 17 18 19 20 29 30 24 25 26 27 2 20 F 20 F 2	Due date: riday, september 20, 2002 be responsible for and interest if your not postmarked by ep 9. a instructions		
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Multiple If you Multiple If you Iocations? the ri Final return? Chec	must file by the due date even if no tax is due. Th ou are reporting sales tax for more than one busin right and attach a list of your locations	tep 3 on page 3, enter <i>none</i> in boxes 13, 14, and 15; and complete Ste here is a \$50 penalty for late filing of a no-tax-due return. See 1 in ness location and your identification number does not end in <i>C</i> , check	ep 9. n instructions		
Iocations? the ri	right and attach a list of your locations ck the box to the right if you are discontinuing yo				
			the box to		
your	r Certificate of Authority. Attach the Certificate of A	bur business and this is your final return; complete this return and the <i>Authority</i> to the return. See 2 in instructions.			
Has your address o	or business information changed? If so, check the b	box to the right and enter new mailing address on preprinted label above. See 3 in in	structions.		
•	ross sales and services	Enter total gross sales and services 1 in box 1	.00		
Do not include s	sales tax in the gross sales and services				
Step 2 of 9 Ide	lentify required schedules	Check the box(es) on the right below, then complete the schedule(proceed to Step 3. Need to obtain schedules? See Need help? o			
Quarterly schedule	Description		Check the box for each schedule you are attaching		
foo		<i>art-Quarterly Filers</i> , to report tax and taxable receipts from sales of nd from hotel/motel room occupancy in Nassau or Niagara abaret charges in Niagara County.			
and	d delivery of gas and electricity, and residential energy	Filers, to report tax due on utilities (residential/nonresidential), transportation y sources and services, including school district utility taxes. Reminder: Use terly Filers, to report sales of nonresidential utility services made to QEZEs.			
	se Form ST-810.10, <i>Quarterly Schedule FR for Part-Quarterly Filers</i> , to report retail sales of motor fuel or esel motor fuel, and fuel taken from inventory, as explained in the schedule's instructions.				
	Use Form ST-810.7, <i>Quarterly Schedule H for Part-Quarterly Filers</i> , to report sales of clothing and footwear eligible for exemption from New York State and some local sales and use tax.				
SCHEDULE	Use Form ST-810.5, <i>Quarterly Schedule N for Part-Quarterly Filers</i> , to report taxes due and sales of certain services in New York City . Reminder: Use Form ST-810.5-ATT, <i>Quarterly Schedule N-ATT for Part-Quarterly Filers</i> , if you are a provider of parking services in New York City.				
	se Form ST-810.6, <i>Quarterly Schedule P for Par</i> ompTax payments of sales and use tax.	art-Quarterly Filers, only if you are a vendor registered to make			
G som	services to Qualified Empire Zone Enterpris me local sales and use tax.	art-Quarterly Filers, to report sales of tangible personal property ses (QEZEs) eligible for exemption from New York State and			
SCHEDULE ans	swering services, and telegraph services impos	Quarterly Filers, to report taxes due on telephone services, telephone used by certain counties, school districts, and cities. Reminder: Use art-Quarterly Filers, to report sales of these services made to QEZEs.			
Schee	rm SI-810.8-ALL, Quarterly Schedule T-ATT for Pa				

Refer to instructions (Form ST-810-I) if you have questions or need help. Please be sure to keep a completed copy of your return for your records.

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Proceed to Step 3, page 2

Step 3 of 9 Calculate sales and use tax Refer to instructions (Form ST-810-1) if you have ques		Column C Taxable sales and services	Column D Purchases subject to tax	Column E	
Enter total from Form ST-810.10 (if any) in box 2					2
Enter totals (if any) from: $A + B + B + H + N$		<u>3</u> .00	<u>4</u> .00		5
Column A Taxing jurisdiction	Column B			///////////////////////////////////////	
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 1205	.00	.00	7%	
Dutchess County	DU 1303	.00	.00	7¼%	
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%	
Vassau County	NA 2804	.00	.00	81/2%	
Niagara County	NI 2902	.00	.00	7%	
Dneida 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%	
Dnondaga 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%	
Drange County	OR 3303	.00	.00	71/4%	
Drleans County	OR 3303 OR 3473	.00	.00	8%	
Disease County Diswego County (outside the following)	OR 3473 OS 3598	.00	.00	8% 7%	
Fulton (city)	FU 3532	.00	.00	7%	
		.00		7%	
Oswego (city)	OS 3542		.00	1%	
column subtotals <i>(also enter on page 3, boxes</i>		6	.00		8

Column A Taxing jurisdiction	Column B Jurisdiction code	Column C Taxable sales and services +	Column D Purchases subject to tax	Column E	Sales and	
Otsego County	OT 2602	00	00	7%	(C + D) × E	—
	OT 3603	.00	.00	7%		+
Putnam County	PU 3714	.00	.00			+
Rensselaer County	RE 3875	.00	.00	8%		+
Rockland County	RO 3915	.00	.00	7%%		+
St. Lawrence County	ST 4087	.00	.00	7%		\downarrow
Saratoga County (outside the following)	SA 4133	.00	.00	7%		_
Saratoga Springs (city)	SA 4124	.00	.00	7%		_
Schenectady County	SC 4233	.00	.00	7½%		_
Schoharie County	SC 4303	.00	.00	7%		
Schuyler County	SC 4403	.00	.00	8%		
Seneca County	SE 4512	.00	.00	7%		
Steuben County (outside the following)	ST 4688	.00	.00	8%		
Corning (city)	CO 4616	.00	.00	8%		
Hornell (city)	HO 4630	.00	.00	8%		
Suffolk County	SU 4766	.00	.00	81⁄2%		
Sullivan County	SU 4812	.00	.00	7%		+
Tioga County	TI 4903	.00	.00	7½%		+
Tompkins County (outside the following)	TO 5096	.00	.00	8%		+
Ithaca (city)	IT 5013	.00	.00	8%		+
Ulster County	UL 5113	.00	.00	73/4%		+
Warren County (outside the following)	WA 5292	.00	.00	7%		+
Glens Falls (city)	GL 5212	.00	.00	7%		+
Washington County	WA 5302	.00	.00	7%		+
			.00	7%		+
Wayne County	WA 5402	.00				+
Westchester County (outside the following)	WE 5503	.00	.00	63/4%		-
Mount Vernon (city)	MO 5513	.00	.00	81/4%		_
New Rochelle (city)	NE 6855	.00	.00	81/4%		+
White Plains (city)	WH 5555	.00	.00	7¾%		_
Yonkers (city)	YO 6578	.00	.00	8¼%		
Wyoming County	WY 5605	.00	.00	8%		
Yates County	YA 5702	.00	.00	7%		
Taxes in New York City [includes counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island)]						
New York City/State combined tax	NE 8009	.00	.00	8¼%		\downarrow
New York City — local tax only (enter box 9 amount in Step 7B)	NE 8010	9 .00	.00	4%		_
New York City — local tax only (transportation and delivery	I –	9a	~~	001		
of gas and electricity) (enter box 9a amount in Step 7B)	NE 8013	.00	.00	2%		+
New York State/MCTD	NE 8040	.00	.00	4¼%		+
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+
	+		1		12	
Column subtotals from page 2, boxes 6		.00	.00			+
		13	4		15	
Colu	mn totals:	.00	.00			
Credit summary — Enter the total amount of credits claim	ned in Step 3	above, and on any attach	ned schedules (see	12 c).		
Step 4 of 9 Calculate special taxes		Internal code	Column G	Column H	Column J Special taxes du (G × H)	ie
Passenger car rentals		PA 0003	.00	5%	(u×n)	Τ
Information & entertainment services furnished via telephony and t	elegraphy	IN 7009	.00	5% 5%		+
הווסודומנטרו ע בוונבוגמווודובווג שבו עוכבא ועודושוופט עומ נפופטוטרוץ מחט נ	Sicyiapiny	111 / 003			16	+
			Total special	taxes:		
Step 5 of 9 Calculate tax credits and advance payments					Column K Credit amount	đ
Credit for prepaid sales tax on cigarettes CR C8888						Ť
Credits against sales or use tax (see (b) in instructions)				C		+
Advance payments (including ST-809 and PrompTax payments) (see 1 in instructions) A						+
		*		A 1 7802		+
	www.euv com			V / OUZ		
Unclaimed vendor collection credit (attach Form TR-912;		Total tax credits an			17	

Page 4 of 4 ST-810 (8/02)				0603 Quarterly
Step 6 of 9 Calculate t	ep 6 of 9 Calculate taxes dueAdd Sales and use tax column total (box 15) to Total taxes (box 16) and subtract Total tax credits and adva payments (box 17).			
Box 15 amount \$	Box 16 amount \$	Box 		=
Step 7 of 9 Calculate v		You are eligible for vendor co	Dllection credit ONLY if you file by u pay the full amount due with the return.	
Schedule B-ATT Schedule H Schedule N Schedule Q Schedule T-ATT Total adjustment	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$) \$	x 13 + a - a - a - ve to 7C) = Credit rate	Vendor collection credit VE 7702
OR Pay penalty and ir	nterest if you are filing la	te		Penalty and interest
Call 1 800 972-1233 or interest due on the amo	20			
Step 8 of 9 Calculate	Total amount due			
Final calculation:		ction credit? Subtract box 1 interest? Add box 20 to box		
Step 9 of 9 Sign and ma Please be sure to keep a com	ail this return	Must be postmarked by F	riday, September 20, 2002, to be c or complete mailing information.	considered
Printed name of taxpayer			Title	
Signature of taxpayer		Date	Daytime telephone ()
Printed name of preparer, if othe	er than taxpayer			
Signature of preparer, if other th	an taxpaver		Daytime telephone ()
			Make check payable to <i>New</i>	York State Sales Tax.
	Do you participate in the New Connecticut/New York Recipro		David Sample 100 Elm Street	2971
Where to mail your return and			Albany, NY 12203	DATE September 10, 2002
attachments	No	Yes	PAY TO THE New York State Sales Tax	\$1000
If using a private delivery service rather than the U.S.	Address envelope to:	Address envelope to:	One Thousand and 00/100	DOLLARS
Postal Service, see 24 in	NYS SALES TAX PROCESSING	NYS SALES TAX PROCESSING	First State Bank	hid So of
instructions for the correct address.	JAF BUILDING PO BOX 1208	RECIPROCAL TAX AGREEMENT JAF BUILDING	00-0000000 ST-810 8/31/02	Aland Comple
	NEW YORK NY 10116-1208	PO BOX 1209 NEW YORK NY 10116-1209	Don't forget to write your sales ta ST-810, and 8/31/02.	ax ID#, Don't forget to sign your check
-	ed in the PrompTax p	rogram, please use the	preaddressed envelope p	provided.
Need help?	available from 0 a m to 6 n		ernet access: www.tax.state.ny.us	
(eastern time), Monday the Business tax information: 1 800 Forms and publications: 1 800 4 From areas outside the U.S. and Fax-on-demand forms: 1 800 7 Hearing and speech impaired (the	972-1233 62-8100 I outside Canada: (518) 485- 48-3676	6800 Contraction C	rsons with disabilities: In complian abilities Act, we will ensure that our ms, and other facilities are accessib questions about special accommod- s, please call 1 800 225-5829. you need to write, address your let payer Contact Center, W A Harrima	lobbies, offices, meeting le to persons with disabilities. If ations for persons with
(TDD) callers only): 1 800 634-2	110 (8 a.m. to 6 p.m., eastern	n time). Jax s (Form ST-810-I) if you have qu		an Campus, Albany NY 12227.