



New York State and Local Sales and Use Tax Return for Part-Quarterly Filers

Table with columns for months and tax period: June 2003, Tax period June 1, 2003 - June 30, 2003

Form with fields: Sales tax identification number, Legal name, dba (doing business as) name, Number and street, City, state, ZIP code

Calendar for July 2003 showing days of the week and dates

0404

Due date: Monday, July 21, 2003

You will be responsible for penalty and interest if your return is not postmarked by this date.

No tax due? Check the box to the right and enter your gross sales and services in box 1 of Step 1 below; enter none in boxes 2 and 3. You must file by the due date even if no tax is due. There is a \$50 penalty for late filing of a no-tax-due return. See 1 in instructions.

Has your address or business information changed? If so, check the box to the right and enter new mailing address on preprinted label above. See 2 in instructions.

Complete Step 1 or Step 2, but not both. See 3 in instructions.

Step 1 of 3 Long method of calculating tax due

Table for Step 1: Long method of calculating tax due. Rows 1-12 with descriptions and amounts.

Step 2 of 3 Short method of calculating tax due

Table for Step 2: Short method of calculating tax due. Rows 1-10 with descriptions and amounts.

\*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.)

Locality Adjustment \$

For office use only

**Step 3 of 3 Sign and mail this return**  
*Please be sure to keep a completed copy for your records.*

Must be postmarked by **Monday, July 21, 2003**, to be considered filed on time. See below for complete mailing information.

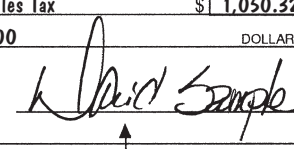
Printed name of taxpayer \_\_\_\_\_ Title \_\_\_\_\_  
Signature of taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Daytime telephone (\_\_\_\_) \_\_\_\_\_  
Printed name of preparer, if other than taxpayer \_\_\_\_\_  
Preparer's address \_\_\_\_\_  
Signature of preparer, if other than taxpayer \_\_\_\_\_ Daytime telephone (\_\_\_\_) \_\_\_\_\_

  
**Where to mail your return and attachments**  
*If using a private delivery service rather than the U.S. Postal Service, see 19 in instructions for the correct address.*

Do you participate in the New Jersey/New York or the Connecticut/New York Reciprocal Tax Agreement?

No	Yes
<b>Address envelope to:</b> NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1208 NEW YORK NY 10116-1208	<b>Address envelope to:</b> NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING PO BOX 1209 NEW YORK NY 10116-1209

Make check payable to **New York State Sales Tax.**

David Sample 100 Elm Street Albany, NY 12203	2971
DATE <b>July 10, 2003</b>	
PAY TO THE ORDER OF <b>New York State Sales Tax</b>	\$ <b>1,050.32</b>
<b>One thousand fifty and 32/100</b> DOLLARS	
<b>First State Bank</b>	
00-0000000 ST-809 6/30/03	

Don't forget to write your sales tax ID#, **ST-809**, and **6/30/03**

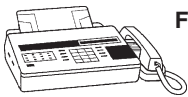
Don't forget to sign your check

## Need help?



**Telephone assistance** is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

<b>For business tax information:</b>	1 800 972-1233
<b>For general information:</b>	1 800 225-5829
To order forms and publications: (Also see <i>Internet access</i> below.)	1 800 462-8100
From areas outside the U.S. and outside Canada:	(518) 485-6800



**Fax-on-demand forms:** Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



**Internet access:** [www.tax.state.ny.us](http://www.tax.state.ny.us)



**Hotline for the hearing and speech impaired:**  
1 800 634-2110 from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



**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