

#### New York State Department of Taxation and Finance

# **Part-Quarterly Schedule NJ**

ST-809.4

For use by vendors located in New York State

0204

| Sa   | les tax ve | endor ic | lentifica | tion nu | ımber          |         |           |        |         |                      | E  | Business   | teleph  | one nu | mber    |          |        | Ť                 |                   |        |           |          |
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| Na   | me         |          |           |         |                |         | •         |        | •       |                      | ·  |  |         |        |         |          |        | If y              | you ha<br>al retu | ve che | ecked the | ie<br>Ir |
| dba  |            |          |           |         |                |         |           |        |         |                      | ch   | New York State tax return, check here also □ and attach your New Jersey State Certificate of Authority. If there have been |         |        |         |          |        |                   |                   |        |           |          |
| Street   |            |          |           |         |                |         |           |        |         |                      | St.  |  |         |        |         |          |        |                   |                   |        |           |          |
| City, state, ZIP code  |            |          |           |         |                |         |           |        |         | inf                  | any changes in business information, see instructions on page 2. |  |         |        |         |          |        |                   |                   |        |           |          |
|  |            |          |           |         | Us             | e labe  | eled fo   | rm. Re | ead ins | structions           | ca   | arefully i   | before  | compl  | eting t | his se   | ection |                   | pago              |        |           |          |
|  | L          | Jse th   | nis fo    | rm to   | rep            | ort t   | ransa     | actio  | ns fo   | r the pe             | eric   | od <b>Ap</b>   | ril 1,  | 2003   | thre    | ough     | Ар     | ril 30            | , 200             | 3, or  | ıly.      |          |
|  |            |          |           |         |                |         |           |        | -       | w Jersey             |  |  |         |        |         | 1-       |        | ,                 | •                 | Yes [  |           |          |
|  |            |          |           |         |                |         |           |        |         | any purc<br>es, comp |  |  |         |        | x in in | ew Je    | rsey   | •                 | ı                 | No [   |           |          |
| Su   | ımmaı      | ry of    | New       | Jer     | sey            | taxe    | s du      | e      |         |                      |  |  |         |        |         |          |        |                   |                   |        |           |          |
| 1  | New Je     | ersey s  | ales a    | nd us   | e tax (        | due     |           |        |         |                      |  |  |         |        |         |          | 1      | \$                |                   |        |           |          |
| 2  | New Je     | ersey l  | ate filir | ıg cha  | ırge <i>(s</i> | see ins | struction | າຮ)    |         |                      |  |  |         |        |         |          | 2      |                   |                   |        |           |          |
| 3  | Total N    | ew .le   | rsev ar   | nount   | due /          | add lir | nas 1 a   | nd 2)  |         |                      |  |  |         |        |         |          | 3      |                   |                   |        |           |          |
| Total New Jersey amount due (add lines 1 and 2)                          |            |          |           |         |                |         |           |        |         |                      |  |  |         |        |         |          |        |                   |                   |        |           |          |
|  |            |          |           |         |                |         |           |        |         | of calcula           |  |  |         |        |         |          |        |                   |                   |        |           |          |
|  |            |          |           |         |                |         |           |        |         |                      |  |  |         |        |         |          |        |                   |                   |        |           |          |
|  |            |          |           |         |                |         |           |        |         |                      |  |  |         |        |         |          |        | For               | office            | use oi | ıly       |          |
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|  |            |          |           |         |                |         |           |        |         |                      |  |  |         |        |         | FC       | orm S  | 1-809             | ф                 |        |           |          |
|  |            |          |           |         |                |         |           |        | nt. dı  | ue from              |  |  |         |        |         |          |        |                   |                   |        |           |          |
| Part-Quarterly Filers. See Form ST-809 for due date and mailing address. |            |          |           |         |                |         |           |        |         |                      | long or  |  |         |        |         |          |        |                   |                   |        |           |          |
|  |            |          |           |         |                |         |           |        |         |                      |  |  |         |        | nn+     | DO       | x IU   | short             | \$                |        |           |          |
|  |            | prece    | aing ir   | iiorma  | uon p          | provide | ea by     | me is  |         | y false, I           | am   | subjec   | t to pu | nisnm  | ent.    |          |        |                   |                   |        |           |          |
| SIG  | gnature    |          |           |         |                |         |           |        | ''      | itle                 |  |  |         |        |         |          |        |                   |                   |        |           |          |
| Tel  | ephone n   | umber    | (include  | e area  | code)          |         |           |        | D       | ate                  |  |  |         |        |         | $\dashv$ |        |                   |                   |        |           |          |
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## Instructions

# Vendor collection credit

The New York State vendor collection credit **does not apply** to sales reported on this schedule.

#### General instructions

Vendors located in New York State who are registered as monthly filers and who are registered to collect New Jersey sales tax under the New Jersey/New York Reciprocal Tax Agreement must file both Form ST-809.4, Part-Quarterly Schedule NJ, and Form ST-809, New York State and Local Sales and Use Tax Return for Part-Quarterly Filers.

Complete Form ST-809.4 and attach it to Form ST-809. Send only one check or money order payable to *New York State Sales Tax* for the total amount due for both New Jersey (line 3 of this schedule) and New York State (box 12 for the long method or box 10 for the short method on Form ST-809). You must file the return, the schedule, and payment of the taxes due by the due date shown on Form ST-809 for the reporting period.

You may obtain additional instructions for the collection of New Jersey sales tax from the New York State Department of Taxation and Finance (see the address and telephone numbers in the *Need help*? box below).

# Specific instructions

Change of address or business information — If you need to update your sales tax mailing address, enter your correct address on the label we provided. If you need to change your address for other New York taxes, or change other business information such as the name, ID number, physical address, owner/officer information, or paid preparer address, complete and send in Form DTF-95, Business Tax Account Update. If only your address has changed, you may use Form DTF-96, Report of Address Change for Business Tax Accounts. Obtain forms through fax-on-demand, Internet access, or call one of the telephone assistance numbers listed in the Need help? box below. As a multistate filer, you should place an M next to the form number on Forms DTF-95 or DTF-96 to indicate your multistate filing status.

**No New Jersey tax due** — If during the period covered by this schedule you had no deliveries of goods or services into New Jersey and made no purchases subject to use tax in New Jersey, check the box, sign and date this schedule, and attach it to Form ST-809. Otherwise complete lines 1 through 3.

#### Line instructions

Line 1 — Amount of New Jersey sales and use tax due — Enter the total New Jersey sales and use tax due for the month. This includes lessor's use tax due on receipts from certain lease transactions that are to be reported on the chart on

Form ST-810.4, *Quarterly Schedule NJ*, page 2. Although you are not required to complete this chart monthly, you must keep records so that you are able to prepare the chart when filing your quarterly return.

**Line 2** — **New Jersey late filing charge** — Enter any interest and penalty due. Any vendor who fails to file Form ST-809.4 or pay the tax due by the due date will be subject to interest and penalty charges as specified under the New Jersey Sales Tax Law as follows:

# Interest charges

The rate of interest charged will be 5% above the average predominant prime rate compounded daily on the unpaid balance of the tax, penalty, and interest from the date the tax was originally due to the date of actual payment. The average predominant prime rate is the rate determined by the Board of Governors of the Federal Reserve System and quoted by commercial banks to large businesses on the first business day of the calendar quarter within which the payment was due.

# Penalty charges

A late filing penalty will be assessed at the rate of 5% per month or fraction thereof of the total tax liability, not to exceed 25% of such tax liability, plus \$100 for each month or fraction thereof that such return is delinquent.

A late payment penalty will be assessed at the rate of 5% of the balance of tax paid late.

Line 3 — Total New Jersey amount due — Add line 1 and line 2. This is the amount you must pay in addition to the amount due New York State shown in box 12 for the long method or box 10 for the short method on Form ST-809. Send one check or money order payable to *New York State Sales Tax* for the total amount due.

Do not transfer the New Jersey amount due to Form ST-809.

#### Overpayments

If the total New Jersey tax you have paid is greater than the amount you owe, do not subtract the overpayment from the New York State tax due. You must pay the full amount of tax owed New York State and apply for a refund from New Jersey for the amount of overpayment shown on Form ST-809.4. You may do so by sending a letter to: New Jersey Sales Tax, CN273, Trenton NJ 08646-0273.

Under no circumstances may you offset an overpayment to one state against the tax due the other state.

### Signature

Sign and date this schedule; attach it to your Form ST-809. See Form ST-809 for the due date and appropriate mailing address.

# Need help?



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

|   | , |       |          |  |  |  |  |  |  |
|---|---|-------|----------|--|--|--|--|--|--|
| For business tax information, call the          |   |       |          |  |  |  |  |  |  |
| New York State Business Tax                     |   |       |          |  |  |  |  |  |  |
| Information Center:                             |   | 1 800 | 972-1233 |  |  |  |  |  |  |
| For general information:                        |   | 1 800 | 225-5829 |  |  |  |  |  |  |
| To order forms and publications:                |   | 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



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