

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

New York State Department of Taxation and Finance

| December                             |   |   |  | January |  |    |    |  |  | February |  |  |  |  |  |  |  |
|--------------------------------------|---|---|--|---------|--|----|----|--|--|----------|--|--|--|--|--|--|--|
|                                      | + | + |  | _<br>ov |  | Or | io |  |  |          |  |  |  |  |  |  |  |
| December 1, 2003 – February 29, 2004 |   |   |  |         |  |    |    |  |  |          |  |  |  |  |  |  |  |

| Sales tax i  | dentification number   | ·  ,   | ı                   | ı                 | I                          |                      | 1  | ı                                | ı                   | ,                      | S      | M T                    | F W    | T F<br>4 5              | S<br>6                 |  |
|--|--|--|---------------------|-------------------|----------------------------|----------------------|--|----------------------------------|---------------------|------------------------|--------|------------------------|--------|-------------------------|------------------------|--|
| Legal name   | (if no label, print legal nam  | e as it appea  | rs on th            | ne Cer            | tificate                   | of Auth              | ority)   | ·                                |                     |                        | 21     | 22 23                  | 3 24   | 11 12<br>18 19<br>25 26 | 20                     | 1204   |
| dba (doing b   | ousiness as) name  |  |                     |                   |                            |                      |  |                                  |                     |                        | 28     | 29 30                  | 31     |                         |                        |  |
| Number and   | I street   |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        | 22                      | M                      | ue date:<br>onday,<br>arch 22, 2004              |
| City, state, 2   | ZIP code   |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        | penalty                 | l be i<br>and<br>s not | responsible for interest if your postmarked by   |
| No tax due?  | Check the box to the right<br>You <b>must</b> file by the due of   | t and comple<br>date even if n   | te Step<br>o tax is | 1; in S<br>due. 1 | Step 3 (<br><b>There</b> i | on page<br>is a \$50 | 3, ente  | er <i>none</i> in<br>By for late | n boxes<br>e filing | 13, 14, a<br>of a no-t | and 15 | ; and<br><b>e retu</b> | con    | plete See 1             | Step<br>) in ir        | 9.<br>nstructions                                |
| Multiple<br>locations?   | If you are reporting sales the right and attach a list   |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         | ck th                  | e box to   |
| Final return?  | Check the box to the right<br>your <i>Certificate of Author</i>  |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         |                        |  |
| Has your add   | ress or business informati   | on changed?  | If so, ch           | eck the           | box to t                   |                      |  |                                  |                     |                        |        | oel abov               | ve. Se | e <b>3</b> ir           | ı instr                | uctions  |
| Step 1 of 9 Gross sales and services  Enter total gross sales and in box 1 |  |  |                     |                   |                            |                      |  | 1                                |                     |                        |        | .00                    |        |                         |                        |  |
| Do not inc   | lude sales tax in the gr   | oss sales a  | and se              | rvice             | s amo                      | 1                    |  |                                  |                     |                        |        |                        |        |                         |                        |  |
| Step 2 of 9 Identify required schedules                                    |  |  |                     |                   |                            |                      | Check the box(es) on the right below, then complete the schedule(s) if necess proceed to Step 3. <b>Need to obtain schedules?</b> See <i>Need help?</i> on page 4 of |                                  |                     |                        |        |                        |        |                         |                        |  |
| Quarterly schedule   | Description  |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         | s                      | Check the box for each chedule you are attaching |
| SCHEDULE   | food and drink (restaura   | Use Form ST-810.2, <i>Quarterly Schedule A for Part-Quarterly Filers,</i> to report tax and taxable receipts from sales of food and drink (restaurant meals, takeout, etc.) and from hotel/motel room occupancy <b>in Nassau or Niagara County,</b> as well as admissions, club dues, and cabaret charges in Niagara County.   |                     |                   |                            |                      |  |                                  |                     | of                     |        |                        |        |                         |                        |  |
| SCHEDULE   | Use Form ST-810.3, <i>Quarterly Schedule B for Part-Quarterly Filers</i> , to report tax due on <b>nonresidential utility services</b> in certain counties where school districts or cities impose tax, and on <b>residential energy sources and services</b> subject to local taxes. Reminder: Use Form ST-810.3-ATT, <i>Quarterly Schedule B-ATT for Part-Quarterly Filers</i> , to report sales of these nonresidential utility services made to QEZEs. |  |                     |                   |                            |                      |  |                                  |                     | S.                     |        |                        |        |                         |                        |  |
| SCHEDULE<br>FR   |  | Use Form ST-810.10, Quarterly Schedule FR for Part-Quarterly Filers, to report retail sales of motor fuel or diesel motor fuel, and fuel taken from inventory, as explained in the schedule's instructions.  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         |                        |  |
| SCHEDULE   | Use Form ST-810.7, Quarterly Schedule H for Part-Quarterly Filers, to report sales of clothing and footwear eligible for exemption from New York State and some local sales and use tax for the period January 26, 2004, through February 1, 2004.   |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         |                        |  |
| SCHEDULE   | Use Form ST-810.5, <i>Quarterly Schedule N for Part-Quarterly Filers</i> , to report taxes due and sales of certain <b>services in New York City</b> . 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.  |  |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         |                        |  |
| SCHEDULE   |  | Use Form ST-810.6, <i>Quarterly Schedule P for Part-Quarterly Filers</i> , only if you are a vendor registered to make PrompTax payments of sales and use tax.   |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         |                        |  |
| SCHEDULE   | Use Form ST-810.9, Quarterly Schedule Q for Part-Quarterly Filers, to report sales of tangible personal property or services to Qualified Empire Zone Enterprises (QEZEs) eligible for exemption from New York State and some local sales and use tax.   |  |                     |                   |                            |                      |  |                                  |                     |                        | У      |                        |        |                         |                        |  |
| SCHEDULE   | answering services, an   | Use Form ST-810.8, <i>Quarterly Schedule T for Part-Quarterly Filers</i> , to report taxes due on <b>telephone services</b> , <b>telephone answering services</b> , <b>and telegraph services</b> imposed by certain counties, school districts, and cities. Reminder: Use Form ST-810.8-ATT, <i>Quarterly Schedule T-ATT for Part-Quarterly Filers</i> , to report sales of these services made to QEZEs. |                     |                   |                            |                      |  |                                  |                     |                        |        |                        |        |                         |                        |  |
|  | Schedules CT and NJ  | : For recipr   | ocal ta             | ıx agr            | eeme                       | ent filino           | g requ   | iremen                           | ts, see             | 5 in i                 | instru | ction                  | s.     |                         |                        |  |

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. For office use only

| Column A  | Column B             | Column C                | Column D                  | Column E   | 0 (2/04) Page 3   |
|---|----------------------|-------------------------|---------------------------|--|-------------------|
| Taxing jurisdiction   | Jurisdiction<br>code | Tayahle sales           | Purchases subject to tax  | Tax rate   | Sales and use tax |
| Putnam County   | PU 3701              | .00                     | .00                       | 7½%  | (0+0) x L         |
| Rensselaer County   | RE 3871              | .00                     | .00                       | 81/4%  |                   |
| Rockland County   | RO 3901              | .00                     | .00.                      | -  |                   |
| St. Lawrence County   | ST 4081              | .00                     |                           | 1  |                   |
| Saratoga County (outside the following)   | SA 4101              | .00                     |                           |  |                   |
| Saratoga Springs (city)   | SA 4121              | .00                     |                           |  |                   |
| Schenectady County  | SC 4231              | .00                     |                           |  |                   |
| Schoharie County  | SC 4301              | .00                     |                           | 1  |                   |
| Schuyler County   | SC 4401              | .00                     |                           | 1  |                   |
| Seneca County   | SE 4501              | .00                     |                           | 1  |                   |
| Steuben County (outside the following)  | ST 4681              | .00                     |                           | 1  |                   |
| Corning (city)  | CO 4601              | .00                     |                           | 1  |                   |
| Hornell (city)  | HO 4631              | .00                     |                           | 1  |                   |
| Suffolk County  | SU 4701              | .00                     |                           |  |                   |
| Sullivan County   | SU 4801              | .00                     |                           | <del>                                     </del> |                   |
| Tioga County  | TI 4911              | .00                     |                           | 1  |                   |
| Tompkins County (outside the following)   | TO 5091              | .00                     |                           | 1  |                   |
| Ithaca (city)   | IT 5011              | .00                     |                           | 1  |                   |
| Ulster County   |                      |                         |                           |  |                   |
|   | UL 5101              | .00                     |                           |  |                   |
| Warren County (outside the following)   | WA 5291              | .00                     |                           | _  |                   |
| Glens Falls (city)  | GL 5201              | .00                     |                           |  |                   |
| Washington County   | WA 5301              | .00                     |                           |  |                   |
| Wayne County  | WA 5401              | .00                     |                           |  |                   |
| Westchester County (outside the following)  | WE 5501              | .00                     |                           | _  |                   |
| Mount Vernon (city)   | MO 5511              | .00                     |                           |  |                   |
| New Rochelle (city)   | NE 6851              | .00                     |                           | _  |                   |
| White Plains (city)   | WH 5551              | .00                     |                           | _  |                   |
| Yonkers (city)  | YO 6501              | .00                     |                           |  |                   |
| Wyoming County  | WY 5601              | .00                     |                           |  |                   |
| Yates County  | YA 5711              | .00                     | .00                       | 81/4%  |                   |
| 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 8011              | .00                     |                           |  |                   |
| New York State/MCTD (fuel and utilities)  | NE 8041              |                         | .00                       |  |                   |
| New York City - local tax only (enter box 9 amount in Step 7B)  | NE 8021              | .00                     | .00                       | 4%%*   |                   |
| Column subtotals from page 2, boxes 6   | , 7, and 8:          | .00                     | .00                       |  | 12                |
|   |                      | 13                      | 14                        |  | 15                |
| Colui<br>Credit summary — Enter the total amount of credits clain   | mn totals:           |                         | _                         |  |                   |
| 2. 22. 22. mar j  | отор                 | Internal code           | Column G                  | Column H   | Column J          |
| Step 4 of 9 Calculate special taxes   |                      |                         | Taxable receipts          | X Tax rate :                                     |                   |
| Passenger car rentals   |                      | PA 0003                 | .00                       |  |                   |
| Information & entertainment services furnished via telephony and  | d telegraphy         | IN 7009                 | .00                       |  |                   |
|   |                      |                         | Total specia              | l taxes:   | 16                |
| Step 5 of 9 Calculate tax credits and advance pa  |                      | rnal code               | Column K<br>Credit amount |  |                   |
| Credit for prepaid sales tax on cigarettes  |                      |                         |                           | C8888  |                   |
| Credits against sales or use tax (see 16 in instructions)   |                      |                         |                           | С  |                   |
| Advance payments (including ST-809 and PrompTax page 1  | ayments) <i>(</i> s  | see 17 in instructions) |                           | A  |                   |
|   |                      |                         | ·                         |  |                   |
| Unclaimed vendor collection credit (attach Form TR-912)   |                      |                         |                           | V 7804   |                   |

\* 8% = 0.08125; 8% = 0.08625; 4% = 0.04125

Proceed to Step 6, page 4

| <b>Page 4</b> of 4 <b>ST-810</b> (2/04)                |   |   |  | 1                 | 204                    | Qua  | rterl     |  |
|--|---|---|--|-------------------|------------------------|--|-----------|--|
| Step 6 of 9 Calculate                                  | taxes due                                   | Add Sales and use tax coll taxes (box 16) and subtract payments (box 17). |  |                   | Taxes due              |  |           |  |
| Box 15<br>amount \$                                    | Box 16 + amount \$                          |   | Box 17 amount \$   |                   |                        |  |           |  |
| _  |   | Van ana alimihla fan mandan   |  | _=                |                        |  |           |  |
| Step 7 of 9 Calculate v<br>or pay pen                  | vendor collection cred<br>alty and interest | March 22, 2004, and you p   | collection credit ONLY if you file by pay the full amount due with the return or "0" in box 19 and go to 7D. |                   |                        |  |           |  |
| 7A If you are not required                             | to file any schedules,                      | Schedule FR, Step 3, box  | 7  |                   |                        |  |           |  |
| start at the asterisk (*                               | ) in /B. □                                  | * Form ST-810, page 3, bo   | ox 13 +  |                   |                        |  |           |  |
| Schedule B, Part 4, box<br>Schedule B-ATT              | +   | Total adjustment from 7A  | ·  |                   |                        |  |           |  |
| Schedule H   | +   | Form ST-810, page 3, box  | 9<br>ove to 7C) =  |                   |                        |  |           |  |
| Schedule N   | +   | Eligible sales alloulit (III  | ove 10 70) —   |                   |                        |  |           |  |
| Schedule Q   | +   |   |  |                   |                        |  |           |  |
| Schedule T-ATT   | +   |   |  |                   |                        |  |           |  |
| Total adjustment                                       | =   |   |  |                   |                        |  |           |  |
| Eligible sales amoun                                   | t State tax rate                            | Cred  | it rate  |                   | Ve                     | endor collection cre                                   | dit       |  |
| from 7B above  | <b>→</b> 11/.0/ <b>©</b>                    | × 3   | <b>*</b> :   | k                 |                        |  |           |  |
| Ψ  |   |   |  |                   | 19                     |  | T         |  |
|  | ** In box 19, enter the                     | amount calculated, but not more   | e than \$150   | <u> </u>          |                        |  |           |  |
| OR Pay penalty and in                                  | nterest if you are filing la                | te  |  |                   | Р                      | enalty and interes                                     | st        |  |
| Penalty and interes                                    |   | 20  |  |                   |                        |  |           |  |
| instructions.  |   |   |  |                   | ╇                      |  |           |  |
| Step 8 of 9 Calculate                                  | total amount due                            | 1   | er payable to <b>New York State Sales</b> i<br>sales tax ID#, <b>ST-810,</b> and <b>2/29/04</b> .            |                   | To                     | otal amount du   | ıe        |  |
| Final calculation:                                     |   | ction credit? Subtract box interest? Add box 20 to be                     |  |                   |                        |  |           |  |
| Step 9 of 9 Sign and m<br>Please be sure to keep a com |   |   | day, March 22, 2004, to be consider complete mailing information.  | ed                | _                      | <b>w:</b> Please enter c<br>ow <i>(see instruction</i> |           |  |
| Printed name of taxpayer                               |   | Title   |  |                   |                        |  |           |  |
| Signature of taxpayer                                  |   | Date  | Daytime  |                   |                        | th American Indu                                       |           |  |
|  |   |   |  |                   | Cla                    | assification Syste<br>(NAICS)                          | ŧm        |  |
| Printed name of preparer, if other                     | than taxpayer                               |   |  |                   |                        | (IVAIOO)   |           |  |
| Preparer's address                                     |   |   | Deutine  |                   |                        |  |           |  |
| Signature of preparer, if other than                   | ı taxpayer                                  |   | Daytime telephone ()   |                   |                        |  |           |  |
| (a)  | Do you participate in the New               | , Jaraay/Naw Vark or the  | Make check payable to Ne   | W Yo              | ork Stat               |  | $\exists$ |  |
| Where to mail  | Connecticut/New York Recipr                 |   | DA   | <sub>TE</sub> Mar | ch 10, 2004            | _  |           |  |
| your return and  | No  | Yes   | PAY TO THE New York State Sales  | Tax               |                        | \$ 1,050.32  | ,         |  |
| attachments If using a private delivery                |   |   | One thousand fifty and 32/100  |                   | $\overline{}$          | DOLLA  | -11       |  |
| service rather than the U.S.                           | Address envelope to:                        | Address envelope to:  | First State Bank   |                   | 1/2                    | 1/1  | - 11      |  |
| Postal Service, see ② in instructions for              | NYS SALES TAX PROCESSING<br>JAF BUILDING    | NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT                         |  | L                 | Me                     | il Dangle  | _         |  |
| the correct address.                                   | PO BOX 1208                                 | JAF BUILDING  | 00-0000000 ST-810 2/29/04  |                   |                        |  | Ш         |  |
|  | NEW YORK NY 10116-1208                      | PO BOX 1209<br>NEW YORK NY 10116-1209                                     | Don't forget to write your sal<br>ST-810, and 2/29/04.   | es tax            | (ID#,                  | Don't forget to<br>sign your check                     |           |  |
|  | ed in the PrompTax p                        |   | e preaddressed envelop   |                   |                        | ed.  |           |  |
| Veed help? Internet access: www.nys                    | stax nov                                    |   | and speech impaired (telecommunionly): 1 800 634-2110 (8:00 A.M. to  |                   |                        |  | DD)       |  |
| (for information, forms,                               |   | • F   | Persons with disabilities: In complian   | nce w             | ith the A              | Americans with   |           |  |
| Fax-on-demand forms                                    | s: 1 800 748-3676                           | <b>(5</b> , ¦   | Disabilities Act, we will ensure that ou   | r IODI            | ນເຍຣ, offi<br>th dieah | ices, meeting room                                     | s, and    |  |

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(518)

1 800 462-8100 1 800 972-1233 (518) 485-6800

other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

