

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

Part	-Quarte	rly ST-809
	June 2004	1
	Tax perio	od
	•	ne 30, 2004

			July 2004		
S	ales tax identification number	1 1 1 1	S M T W T F 1 2	s 0405	
Le	egal name (if no label, print legal name as it appears on the Certificate of Authority)		4 5 6 7 8 9 1 11 12 13 14 15 16 1 18 19 20 21 22 23 2 25 26 27 28 29 30 3		
dk	pa (doing business as) name			_	
Nı	umber and street		20 T	ue date: uesday, uly 20, 2004	
Ci	ity, state, ZIP code		penalty a	pe responsible for and interest if your not postmarked by	
No 1	Check the box to the right and enter your gross sales and servic You must file by the due date even if no tax is due. There is a \$			n instructions.	
Has	your address or business information changed? If so, check the box to the ri	ght and enter new mailing address or	ı preprinted label above. See 2	in instructions.	
Сс	omplete Step 1 or Step 2, but not both. See 3 in instruction	ons.			
St	tep 1 of 3 Long method of calculating tax due				
_			1		
1	Enter total gross sales and services (to nearest dollar; see 4 in insti	ructions)		.00	
			2		
2	Enter total taxable sales and services (to nearest dollar; see 5 in ins	structions)		.00	
			3		
	Enter total purchases subject to tax (to nearest dollar; see 6 in insti			.00	
	Sales and use tax (see 7 in instructions)				
	Credit for prepaid sales tax (see 8 in instructions)				
	Net tax due (subtract box 5 amount from box 4 amount)	_	6		
	Credits not identified (attachments required, see 9 in instructions)	—			
	Advance payments (see 10 in instructions)				
9	Add box 7 amount to box 8 amount				
	Sales and use tax due (subtract box 9 amount from box 6 amount)		_		
11	Penalty and interest (see 11 in instructions)				
			12		
12	Amount due (add box 10 amount to box 11 amount; see 2 in instruction	ons) Pay this ar	nount		
St	tep 2 of 3 Short method of calculating tax due				
1	Comparable quarter of previous year (see 13 in instructions)*	. 1			
2	Tax due (one-third of box 1 amount)				
3	Credit for prepaid sales tax (see 14 in instructions)	. 3			
	Net tax due (subtract box 3 amount from box 2 amount)		4		
5	Credits (attachments required, see 15 in instructions)	. 5			
6	Advance payments (see 16 in instructions)	. 6			
	Add box 5 amount to box 6 amount		7		
8	Sales and use tax due (subtract box 7 amount from box 4 amount)		8		
	Penalty and interest (see 17 in instructions)				
			10		
10	Amount due (add box 8 amount to box 9 amount; see 18 in instruction	ns) Pay this ar	nount		
*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.) For office use only					
	Locality Adjustment			•	

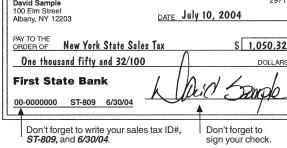
service rather than the U.S. Postal Service, see 19 in instructions for the correct address.

Address envelope to:

NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1208 NEW YORK NY 10116-1208

NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING PO BOX 1209 NEW YORK NY 10116-1209

Address envelope to:



Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms: Forms are available 24 hours a day,

7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Business Tax Information Center: 1 800 972-1233

From areas outside the U.S. and

outside Canada: (518) 485-6800



Hotline for the hearing and speech impaired:

If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a 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 1 800 972-1233.



If you need to write, address your letter to: NYS TAX DEPARTMENT **BUSINESS TAX INFORMATION CENTER** W A HARRIMAN CAMPUS ALBANY NY 12227