

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

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December 1, 2006 – December 31, 2006																					

			January 2007
Si	ales tax identification number		S M T W T F S 1 2 3 4 5 6
Leç	gal name (if no label, print legal name as it appears on the Certificate of Authority)		7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DB	A (doing business as) name		20 20 31
NI	mhou and street		Due date:
INUI	mber and street		Monday, January 22, 2007 You will be responsible for penalty and interes
City	y, state, ZIP code		if your return is not postmarked by this date.
No	tax due? If so, mark an X in the box to the right and enter your gross sale. You must file by the due date even if no tax is due. There is a \$		
	s your address or siness information changed? If so, call the Sales Tax Information Center (s in the box to the right and enter new mailing the sales Tax Information Center (s in the box to the right and enter new mailing the sales Tax Information Center (s in the box to the right and enter new mailing the sales Tax Information Center (s in the box to the right and enter new mailing the sales Tax Information Center (s in the box to the right and enter new mailing the sales Tax Information Center (s in the box to the right).		
Со	mplete Step 1 or Step 2, but not both. See 3 in instructi	ons.	
St	ep 1 of 3 Long method of calculating tax due		
			1
1	Enter total gross sales and services (to nearest dollar; see 4 in inst	tructions)	
2	Enter total taxable sales and services (to nearest dollar; see 5 in in	structions)	
_			3
	Enter total purchases subject to tax (to nearest dollar; see 6 in inst		
	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)		
	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	Amount due (add box 10 amount to box 11 amount; see 22 in instruct	ions) Pay this an	nount •
		10115) Fay tills all	illount
	ep 2 of 3 Short method of calculating tax due	1.6	
	Comparable quarter of previous year (see 13 in instructions)*	1	
	Tax due (one-third of box 1 amount)		
	Credit for prepaid sales tax (see 14 in instructions)		
	Net tax due (subtract box 3 amount from box 2 amount)		4
	Credits not identified (attachments required, see 15 in instructions)	5	
	Advance payments (see 16 in instructions)	·	
	Add box 5 amount to box 6 amount		
	Sales and use tax due (subtract box 7 amount from box 4 amount)		_
9	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 an	
*In	iclude short method adjustment in box 1 (see Short method adjustme	ent on page 3 of instructions.)	For office use only
	<u>Locality</u> <u>Adjustment</u>	,	
	\$		

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, January 22, 2007**, to be considered filed on time. See below for complete mailing information.

		** *								
Third -	Do you want to	allow another person to discu	Yes (complete t	he following) No						
party designee	Designee's nam	е	Designee's phone number ()		Personal identification number (PIN)					
Printed name of	taxpayer				Title _					
Signature of tax	payer		Date		Daytir teleph	ytime ephone ()				
Printed name of	preparer, if other	than taxpayer			Prepa identii	eparer entification number				
Preparer's addre	ess				D. U.					
Signature of pre	parer, if other tha	n taxpayer			Daytir teleph	ne lone (<u>)</u>				
(a)				•	Make check	check payable to New York State Sales Tax.				
Where to n		Do you participate in the New Connecticut/New York reciprod			David Sample 100 Elm Street Albany, NY 12203	_{DATE} Ja	2971 nuary 10, 2007			
attachmen If using a priva	ts [′]	No	Yes		OTIDETTO	York State Sales Tax your payment amount)	\$ X,XXX.XX			
service rather Postal Service	than the U.S. , see 20 in	· II	Address envelope to:			First State Bank				
instructions for the correct add		JAF BUILDING	NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING		00-0000000 ST-8	809 12/31/06	A SAIGE			
		NEW YORK NY 10116-1208	PO BOX 1209 NEW YORK NY 10116-1209			o write your sales tax and 12/31/06.	Don't forget to sign your check.			

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 **Sales Tax** Information Center: 1 800 698-2909

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.