



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

iait	. Qualteri	y											
	July 2007												
	Tax period												
July 1, 2007 – July 31, 2007													

			_	August 2007					
Sa	ales tax identification number			SMTWTFS					
Leg	gal name (if no label, print legal name as it appears on the Certificate of Authority)		1	12 13 14 15 16 17 18 19 20 21 22 23 24 25	0508				
DB	A (daing husiness on) name		2	26 27 28 29 30 31					
DB.	A (doing business as) name								
Nu	mber and street		2	Due date: Monday, August 20, 2007					
'	mbor and street			ou will be responsible for penalty and	interest				
City	y, state, ZIP code			your return is not postmarked by this					
				,					
	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 \$5	O penalty for late filing of a no	o-tax-dı	ue return. See 1 in instructions.	. 🗆				
	s your address or If so, call the Sales Tax Information Center to a new mailing address on preprinted label ab	ove. See 2 in instructions.	irk an x	in the box to the right and enter					
Со	mplete Step 1 or Step 2, but not both. See 3 in instruction	ons.							
St.	ep 1 of 3 Long method of calculating tax due								
St	ep 1 013 Long method of calculating tax due			1					
4	Enter total gross calco and parvison (to measure dellar, one A in install			00					
'	Enter total gross sales and services (to nearest dollar; see 4 in instr	uctions)		2	.00				
2	Enter total taxable sales and services (to nearest dollar; see 5 in ins		•	.00					
_	Effect total taxable sales and services (to nearest dollar, see 3 in his		3	.00					
3	Enter total purchases subject to tax (to nearest dollar; see 6 in instr	ructions)			.00				
	Sales and use tax (see 7 in instructions)				.00				
	Credit for prepaid sales tax (see 3 in instructions)			-					
	Net tax due (subtract box 5 amount from box 4 amount)			6					
	Credits not identified (attachments required, see 9 in instructions)		T						
8	Advance payments (see 10 in instructions)	8		-					
	Add box 7 amount to box 8 amount			9					
	Sales and use tax due (subtract box 9 amount from box 6 amount)			10					
	Penalty and interest (see 11 in instructions)		11						
	Torrany and interest (see Winnesdasons)			12					
12	Amount due (add box 10 amount to box 11 amount; see 12 in instruction	ons) Pay this ar	nount						
Step 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)	1 - 1							
	Credit for prepaid sales tax (see 14) in instructions)								
l .	Net tax due (subtract box 3 amount from box 2 amount)			4					
l .	Credits not identified (attachments required, see 15 in instructions)	5			·				
l .	Advance payments (see 16 in instructions)	6							
l .	Add box 5 amount to box 6 amount			7					
	Sales and use tax due (subtract box 7 amount from box 4 amount)			8					
	Penalty and interest (see 17 in instructions)			9					
				10					
10	Amount due (add box 8 amount to box 9 amount; see 18 in instruction	s) Pay this ar	nount						
*In	clude short method adjustment in box 1 (see Short method adjustment	nt on page 3 of instructions.)		For office use only					
	Locality_ Adjustment_		·						

Page 2 of 2	ST-809 (7/07)	5	ales tax identifi	cation n	umber	1								050	8 0	Par	t-Qı	ıarterly
Step 3 of Please be si	f 3 Sign and m	ail this return	ur records			ostmarked v for comp					2007,	to b	e consi	dered fi	led o	n time) .	
	Do you want to	allow another pe	erson to dis	cuss tl	his return	with the	ax De	pt? (see instri	uctions)) Y	es	(con	nplete th	e follo	owing)	No	
Third party	Designee's nam		Designee's phone number ()						Personal identification number (PIN)									
design	Designee's e-m	ail address																
Printed name	of taxpayer						Title	e										
Taxpayer's e-n	nail address																	
Signature of ta	axpayer					Date		/	/	Dayt _ telep	ime hone ()					
Signature of taxpayer Date/																		
Preparer's add	Iress																	
Preparer's e-m	nail address																	
Signature of p	reparer, if other than	taxpayer								Dayt _ telep	ime hone ()					
(1)		Do you participa	te in the Nev	w Jerse	ev/New Yo	ork or the		•	Make	check	payab	le to	New Y	ork Sta	ate S	ales 7	ax.	
Connecticut/New York reciprocal				· · · · · · · · · · · · · · · · · · ·				David Sample 100 Elm Street Albany, NY 12203 DATE August 10, 2007									2971	
Where to	o mail	No				Yes			Albany, NY				D	ATE Au	gust	10, 20	07	
your ret				1					PAY TO THE	New	York St	ate S	ales Tax			s D	(,XXX,	XX
attachm		Address envelop		Ш	ress enve	elope to:			ONDERTOR				nt amoun					LARS
	rivate delivery ner than the U.S.	NYS SALES TAX F JAF BUILDING	ROCESSING			X PROCES			First S	State					. ,			7
	vice, see 20 in	PO BOX 1208		JAF	BUILDING		IVILIVI							1/1	מצין	0	ans	6
instructions the correct		NEW YORK NY 10	116-1208		BOX 1209 VYORK NY	′ 10116-120 <u></u>	9		00-00000	00 S	I-809	7/31/0	<u> </u>	<u> </u>	<u> </u>			
line correct	auuress.							L.		't forget			r sales ta	ax ID#,		on't for		
									31-0	alle	J 1/31/0	,,.			SIC	gii youl	CHEC	·IX

Need help?

See Form ST-809-I, Instructions for Form ST-809.