



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

Calendar grid for September 2007, Tax period September 1, 2007 - September 30, 2007

Calendar grid for October 2007, with date 22 highlighted

0708

22 Due date: Monday, October 22, 2007

You will be responsible for penalty and interest if your return is not postmarked by this date.

Form fields for Sales tax identification number, Legal name, DBA, Number and street, City, state, ZIP code

No tax due? If so, mark an X in the box to the right and enter your gross sales and services in box 1 of Step 1 below; enter none in boxes 2 and 3. You must file by the due date even if no tax is due. There is a \$50 penalty for late filing of a no-tax-due return. See 1 in instructions.

Has your address or business information changed? If so, call the Sales Tax Information Center to update address information or mark an X in the box to the right and enter new mailing address on preprinted label above. See 2 in instructions.

Complete Step 1 or Step 2, but not both. See 3 in instructions.

Step 1 of 3 Long method of calculating tax due

Table for Step 1: Long method of calculating tax due. Rows 1-12 including gross sales, taxable sales, purchases, sales tax, credits, net tax due, and amount due.

Step 2 of 3 Short method of calculating tax due

Table for Step 2: Short method of calculating tax due. Rows 1-10 including comparable quarter, tax due, prepaid sales tax, net tax due, credits, advance payments, and amount due.

*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.)

Locality Adjustment \$

For office use only

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, October 22, 2007**, to be considered filed on time.

See below for complete mailing information.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>
	Designee's e-mail address		

Printed name of taxpayer _____ Title _____

Taxpayer's e-mail address _____

Signature of taxpayer _____ Date ____/____/____ Daytime telephone (____) _____

Printed name of preparer, if other than taxpayer _____ Preparer identification number

Preparer's address _____

Preparer's e-mail address _____

Signature of preparer, if other than taxpayer _____ Daytime telephone (____) _____



Where to mail your return and attachments

If using a private delivery service rather than the U.S. Postal Service, see 20 in instructions for the correct address.

Do you participate in the New Jersey/New York or the Connecticut/New York reciprocal tax agreement?

No

Yes

Address envelope to:

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

Address envelope to:

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

Make check payable to **New York State Sales Tax.**

David Sample 100 Elm Street Albany, NY 12203	2971 DATE October 10, 2007
PAY TO THE ORDER OF New York State Sales Tax \$ <u>X.XXX.XX</u>	
(your payment amount) DOLLARS	
First State Bank	
00-0000000 ST-809 9/30/07	

Don't forget to write your sales tax ID#, **ST-809**, and **9/30/07**.

Don't forget to sign your check

Need help?

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