

New York State and Local Annual Sales and Use Tax Return

Web New York State and Local Annual Sales and Use Tax Return	Fiscal Year 2010 Tax period March 1, 2009 – February 28, 2010
Sales tax identification number	March 2010
Legal name (Print ID number and legal name as it appears on the Certificate of Authority)	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
DBA (doing business as) name	21 22 23 24 25 26 27 28 29 30 31
Number and street	Due date: Monday, March 22, 2010 You will be responsible for penalty and interest if
City, state, ZIP code	your return is not postmarked by this date.

File this form if your total tax due is \$3,000 or less for the annual period ending February 28, 2010 (see instructions).

	•				
No tax	Enter your gross sales and services in You must file by the due date even if	n box 1 of Step 1 below; in Step 3 on page 3, enter <i>none</i> in boxes 12, 13, and 14; and complete Step 9. f no tax is due. There is a \$50 penalty for late filing of a no-tax-due return. (See in instructions).			
Final		ou are discontinuing your business and this is your final return; complete this return and the back of the Certificate of Authority to the return. See 2 in instructions.			
Has your address or If so, visit our Web site at www.nystax.gov and see the change my address option for further instructions, or mark business information changed? If so, visit our Web site at www.nystax.gov and see the change my address option for further instructions, or mark in the box to the right and enter new mailing address above. See 3 in instructions.					
Step	1 of 9 Gross sales and services	Enter total gross sales and services (including exempt sales). Do not include sales tax in this amount. See 4 in instructions			
Step	2 of 9 Do I need to file any addition	onal schedules? Need to obtain schedules? See Need help? on page 4 of Form ST-101-I.			
SCHEDULE		— Use to report tax and taxable receipts from sales of food and drink (restaurant meals, m occupancy in Nassau or Niagara County , as well as admissions, club dues, and cabaret			
Form ST-101.3, Annual Schedule B — Use to report tax due on nonresidential utility services in certain counties where school districts or cities impose tax, and on residential energy sources and services subject to local taxes. Reminder: Use Form ST-101.3-ATT, Annual Schedule B-ATT, to report sales of these nonresidential utility services made to QEZEs for the period March 1, 2009, through August 31, 2009.					
Form ST-101.10, Annual Schedule FR — Use to report retail sales of qualified motor fuel or diesel motor fuel and fuel taken from inventory, as explained in the schedule's instructions.					
Form ST-101.7, Annual Schedule H — Use to report sales of clothing and footwear eligible for exemption from New York State and some local sales and use tax.					
Form ST-101.5, Annual Schedule N — Use to report taxes due and sales of certain services in New York City. Reminder: Use Form ST-101.5-ATT, Annual Schedule N-ATT, if you are a provider of parking services in New York City.					
Form ST-101.9, Annual Schedule Q — Use 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 for the period March 1, 2009, through August 31, 2009.					
SCHEDULE	and telegraph services imposed by ce	 Use to report taxes due on telephone services, telephone answering services, ertain counties, school districts, and cities. Reminder: Use Form ST-101.8-ATT, Annual se services made to QEZEs for the period March 1, 2009, through August 31, 2009. 			
SCHEDULE	Form ST-101.1, Annual Schedule W - for the period September 1, 2009, through	— Use to report purchases eligible for credit by a Qualified Empire Zone Enterprise (QEZE) ugh February 28, 2010.			

Schedule NJ: For reciprocal tax agreement filing requirements, see 5 in instructions.

Refer to Form ST-101-I, *Instructions for Form ST-101*, if you have questions or need help. Please be sure to keep a completed copy of your return for your records.

Proceed to Step 3, page 2

For office use only

1000102100094 **ST-101** (2/10) **Page 1** of 4

New York State only Albany County Allegany County Broome County Cattaraugus County (outside the following) Olean (city) Salamanca (city) Cayuga County (outside the following) Auburn (city) Chautauqua County Chemung County Chemango County (outside the following) Norwich (city) Clinton County Columbia County Cortland County Cortland County Delaware County Erie County Erie County Franklin County Fulton County (outside the following) Gloversville (city) Johnstown (city) Genesee County Hamilton County Herkimer County Lewis County Lewis County Livingston County Madison County (outside the following)	ns or need help.	Column C Taxable sales and services	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Column E		and ax
Enter the sum of any totals from Schedules A, B, B-ATT, H, N, Q, T, T-ATT Column A Taxing jurisdiction New York State only Albany County Allegany County Broome County Cattaraugus County (outside the following) Olean (city) Salamanca (city) Cayuga County (outside the following) Auburn (city) Chautauqua County Chemung County Chemango County (outside the following) Norwich (city) Clinton County Columbia County Cortland County Cortland County Delaware County Erie County Erie County Franklin County Franklin County Gloversville (city) Johnstown (city) Genesee County Hamilton County Herkimer County Lewis County Livingston County Livingston County Madison County (outside the following) Medison County Livingston County Livingston County Madison County (outside the following) Minimal A, B, B-ATT, H, N, Q, T, T-ATT Column A Taxing jurisdiction N Lolumn A A Salamanca Column A A N A Column A A A A A A A B A A A B A A	Column B isdiction code NE 0021 AL 0181 AL 0221 BR 0321 CA 0481 DL 0441 SA 0431 CA 0561 CH 0641 CH 0711 CH 0861 NO 0831 CL 0921 CO 1021 CO 1131 DE 1221 DU 1311 ER 1451 ES 1521	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	8% 8½% 8% 8% 8% 8% 8% 7¾% 8% 8% 8%	2	
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Johnstown (city) Genesee County Greene County Hamilton County Herkimer County Jefferson County Lewis County Livingston County (outside the following)	GL 1741	.00	.00	8%		
Genesee County Greene County Hamilton County Herkimer County Jefferson County Lewis County Livingston County Madison County (outside the following)	JO 1751	.00	.00	8%		
Greene County Hamilton County Herkimer County Jefferson County Lewis County Livingston County Madison County (outside the following)	GE 1811	.00	.00	8%		
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Herkimer County Jefferson County Lewis County Livingston County Madison County (outside the following) N	HA 2011	.00	.00	7%		
Jefferson County Lewis County Livingston County Madison County (outside the following) N	HE 2121	.00	.00	81/4%		
Lewis County Livingston County Madison County (outside the following) N	JE 2221	.00	.00	73/4%		
Livingston County Madison County (outside the following) N	LE 2321	.00	.00	73/4%		
Madison County (outside the following)	LI 2411	.00	.00	8%		
	//A 2511	.00	.00	8%		
Offeida (City)	ON 2541	.00	.00	8%		
` • '	10 2611	.00	.00	8%		
	10 2781			8%		
<u> </u>	NA 2811	.00	.00.	8% *		-+
	NA 2811 NI 2911					-+
<u> </u>	N 3010	.00	.00	8% 8¾%		-+
	RO 3015			8%%		-+
		.00	.00			-+
	JT 3018	.00	.00	834%		
<u> </u>	ON 3121	.00	.00	8% 7½% *		
	ON 3201	.00.	.00.			
	ON 3211	.00.	.00.	7½%		
	OR 3321	.00.	.00.	81/8%*		
-	OR 3481	.00	.00	8%		-
	OS 3501	.00	.00	8%		
<u> </u>	OS 3561	.00	.00	8%		
	OT 3621	.00	.00	8%		
Putnam County F	PU 3731	.00	.00	83/8%*		$-\!$
Column subtotals; also enter on page 3, boxes 9, 1		6	7		8	

Sales tax identification number

Page 4 of 4 ST-101 (2/10) Sales tax identification number	A10 Annua
Step 6 of 9 Calculate taxes due Add Sales and use tax column total (box 14) to Total taxes (box 15) and subtract Total tax credits and a payments (box 16).	tal special dvance Taxes due
Box 14	= 17
Step 7 of 9 Calculate vendor collection credit or pay penalty and interest If you are filing this return after the due date and/or amount of tax due, STOP! You are not eligible for the credit. If you are not eligible, enter 0 in box 18 and great the credit of the cre	e vendor collection
7A Vendor collection credit Box 14 amount \$	
Box 15 amount + \$	
Enter the amount from Schedule FR, as instructed on the schedule (if any). Be sure to enter this amount as a positive number.	
× 5% (.05)	Vendor collection credit VE 7706
= \$	
<u> </u>	18
** In box 18, enter the amount calculated, but not more	Penalty and interest
OR Pay penalty and interest if you are filing late	19
Penalty and interest are calculated on the amount in box 17, Taxes due. See 21 in instruction	ns.
Step 8 of 9 Calculate total amount due Make check or money order payable to New York St. Write on your check your sales tax ID#, ST-101 , and	
Taking yandar callection aredit? Cubtract hay 10 from hay 17	
Final calculation: Taking vendor collection credit? Subtract box 18 from box 17. Paying penalty and interest? Add box 19 to box 17.	
Paying penalty and interest? Add box 19 to box 17. Step 9 of 9 Sign and mail this return Must be postmarked by Monday, March 22, 201	0 , to be considered filed on time.
Paying penalty and interest? Add box 19 to box 17.	0, to be considered filed on time. Yes (complete the following) No
Step 9 of 9 Sign and mail this return Please be sure to keep a completed copy for your records. Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Designee's name Designee's phone number	Yes (complete the following) No ersonal identification
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Step 9 of 9 Sign and mail this return Please be sure to keep a completed copy for your records. Third - party designee Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Designee's name Designee's e-mail address Printed name of taxpayer Taxpayer's e-mail address Signature of taxpayer Printed name of preparer, if other than taxpayer Printed name of preparer, if other than taxpayer Paying penalty and interest? Add box 19 to box 17. Must be postmarked by Monday, March 22, 201 See below for complete mailing information. Designee's phone number (Title Daytime Preparer identifications Preparer identifications Preparer identifications	Yes (complete the following) No ersonal identification umber (PIN)
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Step 9 of 9 Sign and mail this return Please be sure to keep a completed copy for your records. Third— party designee Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Designee's e-mail address Printed name of taxpayer Taxpayer's e-mail address Preparer's address Preparer's e-mail address Preparer's e-mail address Preparer's e-mail address Paying penalty and interest? Add box 19 to box 17. Must be postmarked by Monday, March 22, 201 See below for complete mailing information. Designee's phone number (Yes (complete the following) No ersonal identification umber (PIN)
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