



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

rait waarterly 01-003								
	July 2009							
	Tax period							
July 1, 2009 – July 31, 2009								

August 2009

Г				August 2009	
	Sales tax identification number		S	· 4 F	0=40
	Legal name (print ID number and legal name as it appears on the Certificat	te of Authority)	23 16 23	9 10 11 12 13 14 15 1	0510
İ	DBA (doing business as) name				
			2	Due date: Thursday, August 20, 200	9
	Number and street			ou will be responsible for penalty and	l interest
ł	City, state, ZIP code		if	your return is not postmarked by this	date.
Į					
No	tax due? Enter your gross sales and services in box 1 of Step 1 below; er There is a \$50 penalty for late filing of a no-tax-due return. S		must fil	e by the due date even if no tax is	due.
	If so, visit our Web site at www.nystax.gov an in the box to the right and enter new mailing a				
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				
	<u> </u>			1	
1 Enter total gross sales and services (to nearest dollar; see 4 in instructions)					.00
	_		2		
2	Enter total taxable sales and services (to nearest dollar; see 5 in ins			.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)				
	Add box 7 amount to box 8 amount			9	
	Sales and use tax due (subtract box 9 amount from box 6 amount)			10	
11	Penalty and interest (see 11 in instructions)			11	
40	A	D. dita		12	
12	Amount due (add box 10 amount to box 11 amount; see 12 in instruction	ons) Pay this ar	nount		
St	ep 2 of 3 Short method of calculating tax due				
1	Comparable quarter of previous year (see 13 in instructions)*	. 1			
	Tax due (one-third of box 1 amount)	. 2			
3	Credit for prepaid sales tax (see 14 in instructions)	. 3			
	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)	. 6			
	Add box 5 amount to box 6 amount	<u>_</u>		7	
	Sales and use tax due (subtract box 7 amount from box 4 amount)			8	
9 Penalty and interest (see 17 in instructions)				9	
_ ا	-			10	
10	Amount due (add box 8 amount to box 9 amount; see 18 in instruction	ns) Pay this ar	nount		
*Inc	clude short method adjustment in box 1 (see Short method adjustment	nt on page 3 of instructions.)	For o	ffice use only	
	Locality Adjustment	, ,		•	

9000107090094 **ST-809** (7/09) **Page 1** of 2

Page 2 of 2	ST-809 (7/09)	Sales ta	didentification number						0510	Part	t-Quart	erly
Step 3 of Please be su	3 Sign and m	ail this return pleted copy for your r		oe postmarked le elow for comple	,		,	109, to be co	onsidered file	d on tim	e.	
	Do you want to	allow another person	to discuss this re	turn with the Ta	x Dept?	(see instru	uctions)	Yes (c	complete the fo	llowing)	No 🔲	1
Third – party	Designee's name				oer	Personal identification number (PIN)						
designe	Designee's e-ma	ail address										
Printed name of taxpayer Title												
Taxpayer's e-m	ail address											
Signature of tax	kpayer			Date	/	/	Daytime _ telephone	. ()			
	Signature of taxpayer Date/ / Daytime telephone () Printed name of preparer, if other than taxpayer identification number Joyatime telephone ()							Ш				
Preparer's addr	ess											
Preparer's e-ma	ail address											
Signature of pr	eparer, if other than	taxpayer					Daytime _ telephone	. ()			
Do you participate in the New Jersey/New York or the							_					
(a)		Connecticut/New York	•	· ·		David San					2971	
Where to		No		Yes		Albany, NY			DATE Augus	† 10, 20	09	-
your retu		Address envelope to:	Address	envelope to:	_	PAY TO THE	E New York	State Sales Ta	ax	s X	XX.XXX	
attachme If using a pri				•			(you	r payment amo	ount)		DOLLARS	
service rathe	er than the U.S.	NYS SALES TAX PROCE PO BOX 15172	RECIPRO	S TAX PROCESSI CAL TAX AGREEM		First S	State Bar	ık	1 lh.	N L	_/.	
Postal Service instructions to		ALBANY NY 12212-5172		5173 IY 12212-5173		00-00000	000 ST-809	7/31/09	K your	h	maple_	.
the correct a						Don	't forget to w	rite your sale	s tax ID#.	Don't forg	et to	1
	ST-809, and 7/31/09. sign your check											

Need help?

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