



## New York State and Local Sales and Use Tax Return for Part-Quarterly (Monthly) Filers

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	Tax period	$\exists$		H						
October 1, 2014 – October 31, 2014										

	Sales tax identification number			S M T W T F S			
	Legal name (print ID number and legal name as it appears on the Certificate	e of Authority)		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 <b>20</b> 21 22 23 24 25 26 27 28 29 30	0815		
	DBA (doing business as) name	30					
	Number and street	Due date: Thursday, November 20, 2014 You will be responsible for penalty and interest					
	City, state, ZIP code	if your return and any payment due is not electronically filed or postmarked by this date.					
Ma	andate to use Sales Tax Web File - Most filers fall under this require	ement; see Form S	ST-809-I.				
No	tax due? Enter your gross sales and services in box 1 of Step 1 below; en There is a \$50 penalty for late filing of a no-tax-due return. So			file by the due date even i	f no tax is due.		
	s your address or If so, visit our Web site (see <i>Need help?</i> in For siness information changed? or mark an <b>X</b> in the box to the right and enter						
Со	omplete Step 1 or Step 2, but not both. See 3 in instruction	ons.					
St	ep 1 of 3 Long method of calculating tax due						
4	Enter total group color and continue (to me uset dellar, as a finite to			1	00		
'	Enter total gross sales and services (to nearest dollar; see 4 in instr		2	.00			
2	Enter total taxable sales and services (to nearest dollar; see 5 in ins	structions)		. —	.00		
		,		3			
3	Enter total purchases subject to tax (to nearest dollar; see 6 in instr	ructions)			.00		
4	Sales and use tax (see 7 in instructions)	. 4					
5	Credit for prepaid sales tax (see 8 in instructions)	. 5					
6	Net tax due (subtract box 5 amount from box 4 amount)			. 6			
	Credits not identified (attachments required, see 9 in instructions)						
8	Advance payments (see 10 in instructions)	. 8					
9	Add box 7 amount to box 8 amount			. 9			
10	Sales and use tax due (subtract box 9 amount from box 6 amount)		. 10				
11	Penalty and interest (see 11 in instructions)		. 11				
				12			
12	Amount due (add box 10 amount to box 11 amount; see 12 in instruction	ons) P	ay this amoun	ıt			
St	ep 2 of 3 Short method of calculating tax due						
1	Comparable quarter of previous year (see 13 in instructions)*	. 1					
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		· · · · · · · · · · · · · · · · · · ·	7			
	Sales and use tax due (subtract box 7 amount from box 4 amount)						
1	Penalty and interest (see 17 in instructions)						
9	i enaity and interest (see in in instructions)			10			
10	Amount due (add box 8 amount to box 9 amount; see 18 in instruction	ns) P	ay this amoun	nt			

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

Locality

Adjustment

\*\*Record method adjustment on page 3 of instructions.\*

For office use only

\*\*The short method adjustment on page 3 of instructions.\*

\*\*The short method adjustment on page 3 of instructions.\*

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

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Page 2 of 2	ST-809 (10/14)	Sales tax identification	n number				1	0815	Part-Q	uarterly	(Monthly)	
Step 3 of 3 Sign and mail this return  Please be sure to keep a completed copy for your records.  Must be postmarked by Thursday, November 20, 2014, to be considered filed on time.  See below for complete mailing information.										me.		
	Do you want to allow another person to discuss this return with the Tax Dept? (see instr						uctions) Yes (complete the following) No					
Third – party	Designee's name	Designee's phone number ( )					Personal identification number (PIN)					
designee	Designee's e-mail address											
Printed name of taxpayer Title												
Taxpayer's e-ma	iil address											
Signature of tax	payer			Date	_		Daytime telephone	. ()				
Printed name of	preparer's firm (or yours if self-emplo	yed)					Firm's em identificat	iployer tion number* L Preparer's				
Preparer's addre	ess							PTIN*				
Preparer's e-mai	il address							Preparer's NYTPRIN				
Signature of pre	parer, if other than taxpayer						Daytime telephone	. ()				
*See ② in instructions					•	Make cl	heck paya	able to <i>New</i>	York State	Sales Ta	ĸ.	
				David Samp 100 Elm Stre	reet Navambar 10 2014							
∤ @∪ w	here to file your retur	n and attac	hments			Albany, NY 1						
Web File your return at www.tax.ny.gov (see instruction (If you are not required to Web File, mail your return attachments to: NYS Sales Tax Processing, PO Box Albany NY 12212-5168)			tructions).			ORDER OF		w York State Sales Tax \$X,XXX,XX				
			eturn and Box 15168,				ate Bank  OCTIONS 40/01/14					
If u	using a private delivery service rather than the U.S. Postal rvice, see ② in instructions for the correct address.					Don't forget to write your sales tax ID#, Don't forget to sign your check						

## Need help?

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