



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

		January 2016								
Tax period										
January 1, 2016 – January 31, 2016										

			February 2016					
	ales tax identification number	S M T W T F S						
L	egal name (print ID number and legal name as it appears on the Certificate	of Authority)	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29					
	BA (doing business as) name							
N	umber and street	Due date: Monday, February 22, 2016						
L			You will be responsible for penalty and interest if your return and any					
C	ity, state, ZIP code		payment due is not electronically filed or postmarked by this date.					
Man	date to use Sales Tax Web File - Most filers fall under this require	ement; see Form ST-809-I.	poolinamou by the date.					
No t	ax 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-ta	iter <i>none</i> in boxes 2 and 3. You r a x-due return . See 1 in in	nust file by the due date even if no tax is due. structions.					
	your address or If so, visit our Web site (see <i>Need help?</i> in iness information changed? or mark an X in the box to the right and en		ge my address option for further instructions,					
	pplete Step 1 or Step 2, but not both. See 3 in instruction							
	p 1 of 3 Long method of calculating tax due							
	Enter total gross sales and services (to nearest dollar; see 4 in ins	structions)	.00					
	Enter total taxable sales and services (to nearest dollar; see 5 in							
3	Enter total purchases subject to tax (to nearest dollar; see 6 in inst							
4	Sales and use tax (see 7 in instructions)							
5	Credit for prepaid sales tax (see 8 in instructions)	5						
6	Net tax due (subtract box 5 amount from box 4 amount)	6						
7	Credits not identified (attachments required, see 9 in instructions)	7						
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					
12a	Amount due (add box 10 amount to box 11 amount; see 12 in instruc	12a						
12b	Amount paid (see 😢 in instructions)		12b					
Ste	p 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)							
3	Credit for prepaid sales tax (see 14 in instructions)							
4	Net tax due (subtract box 3 amount from box 2 amount)		4					
5		5						
6	Advance payments (see 16 in instructions)	6						
7	Add box 5 amount to box 6 amount	7						
я	Sales and use tax due (subtract box 7 amount from box 4 amount)	8						
9								
	Amount due (add box 8 amount to box 9 amount; see 18 in instruction							
	Amount paid (see 18 in instructions)							
راء ما	ide short method adjustment in hex 1 (see Short method adjustment	an name 2 of instructions \	For office was only					

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

Locality

Adjustment

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For office use only



Page 2 of 2	ST-809 (1/16)	Sales tax i	dentification	number		1	1				1116	Part-C	Quarte	ly (Mo	nthly
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, Feb. See below for complete mailing inform								,	•	2, 2016	, to be cor	nsidered 1	filed on	time.	
	Do you want to allow another	person to	o discuss	this retu	ırn with the	Tax [Dept? (se	ee 19 in	instruc	tions) \	es 🔲 (co	mplete the	followin	g) No 🗌	
Third – party	Designee's name	Designee's phone number						Personal identification number (PIN)							
designe	Designee's e-mail address														
Printed name	of taxpayer					т	itle								
Taxpayer's e-r	mail address														
Signature of taxpayer						ate	_	_	Dayt telep	ime hone ()				
Printed name of preparer's firm (or yours if self-employed)							Firm's employer								
Preparer's add	dress									PT	eparer's 'IN*				
Preparer's e-n	nail address							_ NYTF	arer's PRIN*				NYTI excl.	PRIN code	
Signature of p	reparer, if other than taxpayer _							Da te	aytime lephor	ne ()				
*See 20 in in	estructions						V	Make o	check	payable	e to <i>New</i>)	ork Stat	e Sales	Тах.	
์ ๔ ี ท	/here to file your retu	n and	attach	nments	s		1	avid Sam 00 Elm Str Ibany, NY	eet		_	_{DATE} Feb	ruary 1		71
Web File your return at www.tax.ny.gov (see inst				turn and				PAY TO THE ORDER OF New York State Sales Tax \$X,XXX,XX							
(If you are not required to Web File, mail your reto attachments to: NYS Sales Tax Processing, PO E Albany NY 12212-5172)			(your payment amount) DOLLARS First State Bank							ARS D					
Se	using a private delivery service ervice, see Publication 55, De ervices.						00-0000000 ST-809 01/31/16								

Need help?

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