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	STATE

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

Part-Quarterly	' (	(Monthly	/)	ST-809
	Ν	March 2016		

Tax period March 1 2016 - March 21 2016

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																_

Sales tax identification number	April SМТW
Legal name (print ID number and legal name as it appears on the Certificate of Authority)	3 4 5 6 10 11 12 13 17 18 19 20 24 25 26 27
DBA (doing business as) name	Due da
Number and street	20 Due da Wedne You will be r
City, state, ZIP code	and interest payment due

S 9 16 23 30 0117 8 15 14 21 28 22 29 ate:

esday, April 20, 2016 responsible for penalty if your return and any e is not electronically filed or stmarked by this date.

Mandate to use Sales Tax Web File - Most filers fall under this requirement; see Form ST-809-I.

No tax due? 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.

If so, visit our website (see Need help? in Form ST-809-I) and see the change my address option for further instructions, Has your address or business information changed? or mark an X in the box to the right and enter new mailing address above. See 2 in instructions.

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

## Step 1 of 3 I ong method of calculating tax due

orel	Tors congrinemou of calculating tax due				
1	Enter total gross sales and services (to nearest dollar; see 4 in ins				.00
2	Enter total taxable sales and services (to nearest dollar; see 5 in in		.00		
3	Enter total purchases subject to tax (to nearest dollar; see 6 in insti	3	.00		
4	Sales and use tax (see 7 in instructions) Credit for prepaid sales tax (see 8 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	
7	Credits not identified (attachments required, see 9 in instructions)	7			
8	Advance payments (see 10 in instructions)	8			
	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 instruct		12a		
12b	Amount paid (see 😢 in instructions)		12b		
Ste	o 2 of 3 Short method of calculating tax due				
1	Comparable quarter of previous year (see 13 in instructions)* Tax due (one-third of box 1 amount) Credit for prepaid sales tax (see 14 in instructions)	1			
2	Tax due (one-third of box 1 amount)	2			
3	Credit for prepaid sales tax (see 14 in instructions)	3			
4	Net tax due (subtract box 3 amount from box 2 amount)			4	
5	Credits not identified (attachments required, see 15 in instructions)	5			
6	Credits not identified (attachments required, see 15 in instructions) Advance payments (see 16 in instructions)	6			
7	Add box 5 amount to box 6 amount			7	
8	Sales and use tax due (subtract box 7 amount from box 4 amount)			8	
8 9					
	Sales and use tax due (subtract box 7 amount from box 4 amount)			9	

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

Locality

\$

For office use only



Page	<b>2</b> of 2	<b>ST-809</b> (3/16)	Sales tax identif	cation number	1							0117	Part-0	Quarte	rly (Mo	onthly)
Step Please	3 of 3 be sure	Sign and mail this retur to keep a completed copy for	n your records		e postr elow for						, 2016	, to be con	sidered	filed on	time.	
	nird – barty	Do you want to allow another person to discuss this return with the Tax Dept?           Designee's name         Designee's phone number							ot? (see (1) in instructions) Yes (complete the following) N Personal identification number (PIN)							
		Designee's e-mail address				numbe	r (PIN)									
Printed	d name o	f taxpayer						e								
Тахрау	/er's e-m	ail address														
Signati	ure of tax	kpayer				_ Date	e	_	_	Dayt telep	ime hone (	( )				
Printed name of preparer's firm (or yours if self-employed) Firm's employer identification number*																
Prepar	er's add	ress									P1					
Prepar	er's e-m	ail address								arer's PRIN*					PRIN . code	
Signati	Signature of preparer, if other than taxpayer Daytime telephone ()															
*See	20 in ins	structions							Make	check	bayabl	e to <b>New Y</b>	ork Sta	te Sales	s Tax.	
	Whe	re to file your return a	and attac	hments				1 10	a <b>vid San</b> 10 Elm Si bany, NY	reet		D	_{АТЕ} Арі	ril 10, 2	-	971
	Web F	ructions).	ons).						ç	X.XXX.	XX					
(If you are not required to Web File, mail your return attachments to: NYS Sales Tax Processing, PO Box Albany NY 12212-5172)					eturn and ) Box 15172,					itate l	(your payment amount) DOLLARS					
		g a private delivery service ra e, see Publication 55, Design es.			a/				Don'	00 ST forget t 09, and	o write	your sales ta	ux ID#,		forget to our check	
	halm															

## Need help?

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

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