

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

Part-Quarterly (Monthly) ST-809																		
				September 2017														
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	Se	pte	m				20										01	7_

Sales	s tax identification number	S M T W T F S		
Legal	name (print ID number and legal name as it appears on the Certificate	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0718	
DBA ((doing business as) name			
Numb	per and street	Due date: Friday, October 20, 2017		
City, s	state, ZIP code		You will be responsible for pena and interest if your return and a	aný
'			payment due is not electronical postmarked by this date.	ly filed or
Mand	ate to use Sales Tax Web File - Most filers fall under this requ	irement; see Form ST-80	99-I.	
No ta	x due? Enter your gross sales and services in box 1 of Step 1 below; There is a \$50 penalty for late filing of a no-tax-due	enter <i>none</i> in boxes 2 and 3 return . See instructions	B. You must file by the due date even if no ta	ax is due.
	bur address or If so, visit our website (see Need help? or mark an X in the box to the right and		nange my address option for further instruction ove. See instructions.	
Com	plete Step 1 or Step 2, but not both.			
Step	o 1 of 3 Long method of calculating tax due	(see instructions)		
<u> </u>	Enter total gross sales and services (to nearest dollar)			.00
	Enter total taxable sales and services (to nearest dollar)			.00
	Enter total purchases subject to tax (to nearest dollar)		3	.00
4	Sales and use tax	4		
	Credit for prepaid sales tax			
	Net tax due (subtract box 5 amount from box 4 amount)		6	
6	Credits not identified (attachments required)			
0	Advance payments		9	
1	Sales and use tax due (subtract box 9 amount from box 6 amount)			
	Penalty and interest		<u> </u>	
	Amount due (add box 10 amount to box 11 amount)	·····		
1	Amount paid			
	o 2 of 3 Short method of calculating tax due			
	<u> </u>	, ,		
1	Comparable quarter of previous year	2		
2	Credit for prepaid sales tax	3		
	Net tax due (subtract box 3 amount from box 2 amount)		4	
	Credits not identified (attachments required)			
6	Advance payments	6		
7	Add box 5 amount to box 6 amount		7	
	Sales and use tax due (subtract box 7 amount from box 4 amount)			
	Penalty and interest			
1	Amount due (add box 8 amount to box 9 amount)			
	Amount paid			
*Inclu	de short method adjustment in box 1 (see <i>Short method adjustme</i> Locality Adjustment \$	ent on page 3 of instructio	ns.) For office use only	



Page 2 of 2	ST-809 (9/	17)	Sales tax identification	on number				0718	Part-C	uarterly (Monthly)			
Step 3 of 3 Please be sure	Sign and to keep a co	mail this retur	n your records.	Must be postma See below for c	,	• .	, ,	be consid	ered filed	d on time.			
	Do you want to allow another person to discuss this return with the Tax Dept?						ot? (see instructions) Yes (complete the following) No						
Third – party	Designee's r	name		Designee's phone number ()			Person number	al identificati r (PIN)	on				
designee	Designee's 6	e-mail address											
Printed name of	of taxpayer _				Title								
Taxpayer's e-m	ail address _												
Signature of tax	xpayer				Date	Da tele	ytime ephone ()					
Printed name of	of preparer's	firm (or yours if self-	employed)			Fin	m's emp ntification						
Preparer's add	ress						PT	IN*		AN/TODIAL			
Preparer's e-mail addressNYTPRIN													
Signature of pr	eparer, if oth	er than taxpayer _				Daytim telepho)					
*See Paid pre	eparer's res	sponsibilities in in	structions			✓ Make check	k payable	e to <i>New Y</i>	ork State	e Sales Tax.			
Whe		David Sample 2971 100 Elm Street Albany NY 12203 DATE October 10, 2017											
Web F	File your ret	urn at <i>www.tax.ny</i>	gov (see instruc	tions).		Albany, NY 12203		<u>D</u>	ATE OCI	DDel 10, 2017			
attach		uired to Web File YS Sales Tax Pro -5172)				New York State Sales Tax (your payment amount) DOLLARS							
	e, see Publi	delivery service ra cation 55, <i>Design</i>				00-0000000 S		/30/17	Jack	d Sample			
						Don't forge ST-809, an		your sales ta	x ID#,	Don't forget to sign your check			

Need help?

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