

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

Part-Quarterly (Monthly) ST-809 January 2019

Tax period

January 1, 2019 – January 31, 2019

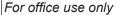
		5,	Estances 0010
Sale	s tax identification number		February 2019 SMTWTFS
Legal	name (print ID number and legal name as it appears on the Certific	cate of Authority)	11119 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28
DBA	(doing business as) name		24 23 20 21 20
			Due date:
Numb	per and street		20 Due date: Wednesday, February 20, 2019
			You will be responsible for penalty
City, s	state, ZIP code		and interest if your return and any payment due is not electronically filed or
			postmarked by this date.
Mand	ate to use Sales Tax Web File - Most filers fall under this re	equirement. See Form ST-8	
		•	
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-o	ow, enter <i>none</i> in boxes 2 and	
	· · · ·		
			change my address option for further instructions,
	ess information changed? or mark an X in the box to the right a	and enter new maining address a	
Com	plete Step 1 or Step 2, but not both.		
Ste	o 1 Long method of calculating tax due (s	see instructions)	
1	Enter total gross sales and services (to nearest dollar)		
2	Enter total taxable sales and services (to nearest dollar)		
	Enter total purchases subject to tax (to nearest dollar)		.00
4	Sales and use tax Credit for prepaid sales tax		
5	Credit for prepaid sales tax	5	
	Net tax due (subtract box 5 amount from box 4 amount)		6
7	Credits not identified (attachments required)	7	
8	Advance payments		
9	Add box 7 amount to box 8 amount		9
10	Sales and use tax due (subtract box 9 amount from box 6 amou	unt)	
11	Penalty and interest		11
12a	Amount due (add box 10 amount to box 11 amount)		12a
12b	Amount paid		12b
Ste	o 2 Short method of calculating tax due (s	see instructions)	
1	Comparable quarter of previous year		
2	Tax due (one-third of box 1 amount)	2	
	Credit for prepaid sales tax		
4	Net tax due (subtract box 3 amount from box 2 amount)		4
5	Credits not identified (attachments required)		
6	Advance payments		
	Add box 5 amount to box 6 amount		7
8	Sales and use tax due (subtract box 7 amount from box 4 amou		
9	Penalty and interest		
	Amount due (add box 8 amount to box 9 amount)		

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

10b Amount paid

Locality

Adjustment \$



10b

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Sales tax identification number

1119 Part-Quarterly (Monthly)

Step 3 Step 3 Step 3	Sign and mail this return (see instr.) ure to keep a completed copy for your records.	Must be postmarked by Wedr See below for complete mailing			9, to be consid	lered filed on time.
	Do you want to allow another person to discuss	s this return with the Tax Dept?	(see instruct	tions) Yes	(complete th	ne following) No 🗌
Third – party	Designee's name	Designee's phone number		Personal id number (P	dentification	
designe	Designee's e-mail address					
Authorize	Signature of authorized person	Officia	l title			
person	Email address of authorized person			Telephone number ()		Date
Paid	Firm's name (or yours if self-employed)		Firm's E	EIN	Prepa	rer's PTIN or SSN
preparer use	Signature of individual preparing this return Ad	ddress		City	St	ate ZIP code
only (see instr.)	Email address of individual preparing this return Te	elephone number)	Preparer's N	NYTPRIN	NYTPRIN excl. code	Date

*See Paid preparer's responsibilities in instructions

Where to file your return and attachments

Web File your return at www.tax.ny.gov (see instructions).

(If you are not required to Web File, mail your return and attachments to: NYS Sales Tax Processing, PO Box 15172, Albany NY 12212-5172)

If using a private delivery service rather than the U.S. Postal Service, see Publication 55, *Designated Private Delivery Services*.

Need help?

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

David Sample	297
100 Elm Street Albany, NY 12203	DATE February 10, 2019
ORDER OF	ate Sales Tax \$X,XXX.X
(your p	pyment amount) Dollar
First State Bank	h Aid Somob
00-0000000 ST-809 1/3	1/19

