

New York State and Local Quarterly Sales and Use Tax Return

Tax period: 1st Quarter March 1, 2021 – May 31, 2021

Due: Monday, June 21, 2021

| Sales tax identification number | | | | | to use Sales | | | |
|---|--|--|--|---------------------------------|--|---|---|--|
| egal name (Print ID number and legal name a | ns it appears on the Certific | cate of Authority) | | | fall under this ST-100-I, Instri | • | - | |
| DBA (doing business as) name | | | | Form ST-1 | 100. | | 122 | |
| Number and street | Has your address or business information changed? Mark an X in the box if the address | | | | | | | |
| City, state, ZIP code | | | | | in the box if the w or has chan | | | |
| Is this your final return? – If you so business, you are required to file a f Step 2 below. You must file your fina in status. The return should include business, as well as any tax collecte | inal return with the ap al return within 20 day the tax due from bus | pplicable infori ys of the last d iness operatio | mation completed in ay of business or change ns to the last day of | taxable purperiod, conboxes 12, | ue? – If you harchases, or cremplete Step 1 to 13, and 14, and | edits to report below; enter d complete S | t for this <i>none</i> in Step 9. | |
| Are you claiming any credits in St | ep 3 on this return or | r any schedule | s? (Mark an X in the box.) | | | | | |
| If Yes, enter the total amounts of | credits claimed and c | complete Form | ST-100-ATT (see Are you c | laiming any | | | | |
| credits? in instructions) | | | | | | | .00 | |
| Step 1 Return summary | | | | | 1 | | | |
| (see instructions) | 1 Gross sales ar | nd services | | | 1a | | .00 | |
| | 1a Nontaxable sa | ales | | | | | .00 | |
| | | | y: Enter the dollar amount | | 1b | | | |
| | ` | | property facilitated for mar | • | | | .00 | |
| | | | | | | | .00 | |
| Step 2 Final return informati | on (see instructions) |) | | | | | | |
| A Business sold or discontine Mark an X in the appropriate Sold Insolvent Note: If you intend to sell you in the ordinary course of business or a Business or a self-self-self-self-self-self-self-self- | Owner dece Ir business or any of ness, you must give | your business | Dissolved O' assets, including tangible, ive purchaser a copy of Fo | rm TP-153 | , Notice to Pr | | han | |
| Last day of business | Date of sale | Sale pr | ice | le v | uhala 🗍 | ln nort | | |
| Name and address of purchaser | / | | | l in v | vhole 🔲 | In part | | |
| Name and address of business | | | | | | | | |
| Location of property | | | | | | | | |
| Location of property | | | | | | | | |
| Was sales tax collected on ar | ny taxable items (furr | niture, fixtures, | etc.) included in the sale? | | | Yes 🗌 | No 🗌 | |
| Business form changed (sole proprietor to partnership, partnership to corporation, etc.) In addition to filing a final return, you must also apply for a new <i>Certificate of Authority</i> for the new entity. (see Business form changed in instructions) | | | | | For office use only | | | |
| | | | | | | | | |
| | | | | | | | | |

.00

.00

122

Sales tax identification number

Column subtotals; also enter on page 3, boxes 9, 10, and 11:

| Step 3 | Calculate | sales | and us | se taxes | (continued) |
|--------|-----------|-------|--------|----------|-------------|
|--------|-----------|-------|--------|----------|-------------|

| Column A Taxing jurisdiction | Column B Jurisdiction code | Colum Taxable and ser | sales ' | Column D Purchases sub to tax | ject : | Column E | Column F Sales and use tax (C + D) × E |
|--|----------------------------------|------------------------------------|------------------------------------|-------------------------------|----------|--|--|
| Putnam County | PU 3731 | | .00 | | .00 | 83/8%* | |
| Rensselaer County | RE 3881 | | .00 | | .00 | | |
| Rockland County | RO 3921 | | .00 | | .00 | | |
| St. Lawrence County | ST 4091 | | .00 | | .00 | | |
| Saratoga County (outside the following) | SA 4111 | | .00 | | .00 | | |
| Saratoga Springs (city) | SA 4131 | | .00 | | .00 | | |
| Schenectady County | SC 4241 | | .00 | | .00 | | |
| Schoharie County | SC 4321 | | .00 | | .00 | | |
| Schuyler County | SC 4411 | | .00 | | .00 | | |
| Seneca County | SE 4511 | | .00 | | .00 | | |
| Steuben County | ST 4691 | | .00 | | .00 | | |
| Suffolk County | SU 4711 | | .00 | | .00 | | |
| Sullivan County | SU 4821 | | .00 | | .00 | | |
| Tioga County | TI 4921 | | .00 | | .00 | | |
| Tompkins County (outside the following) | TO 5081 | | .00 | | .00 | | |
| Ithaca (city) | IT 5021 | | .00 | | .00. | | |
| Ulster County | UL 5111 | | .00 | | .00 | | |
| Warren County (outside the following) | WA 5281 | | .00 | | .00 | | |
| Glens Falls (city) | GL 5211 | | .00 | | .00. | | |
| Washington County | WA 5311 | | .00 | | .00. | | |
| Wayne County | WA 5421 | | .00 | | .00. | | |
| <u> </u> | WE 5581 | | .00 | | | | |
| Westchester County (outside the following) | | | | | .00 | | |
| Mount Vernon (city) | MO 5521 | | .00 | | .00 | | |
| New Rochelle (city) | NE 6861 | | .00 | | .00 | | |
| White Plains (city) | WH 6513 | | .00 | | .00 | | |
| Yonkers (city) | YO 6511 | | .00 | | .00 | | |
| Wyoming County | WY 5621 | | .00 | | .00 | | |
| Yates County New York City/State combined tax | YA 5721 | | .00 | | .00 | 8% | |
| New York City includes counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island)] | NE 8081 | | .00 | | .00 | | |
| New York State/MCTD | NE 8061 | | .00 | | .00 | 4%%* | |
| New York City - local tax only | NE 8091 | | .00 | | .00 | 41/2% | |
| | | | .00 | | .00 | | |
| | | | .00 | | .00 | | |
| Column subtotals from page 2, boxes 6 | | 9 | .00 | 10 | .00 | | 11 |
| If the total of box 12 + box 13 = \$300,000 or mosee page 1 of instructions. | 12 | .00 | 13 | .00 | | 14 | |
| Step 4 Calculate special taxes (see instruct | Internal | code | Column G Taxable recei p | ots | Column H | Column J Special taxes due (G × H) | |
| Passenger car rentals (outside the MCTD) | | PA (| 012 | | .00 | 12% | |
| Passenger car rentals (within the MCTD) | PA (| 030 | | .00 | 12% | | |
| Information & entertainment services furnished via telephony and telegraphy | | IN 7 | 009 | | .00 | 5% | |
| Vapor products | VA 7 | 060 | | .00 | 20% | | |
| | | | | Total s | pecia | I taxes: | 15 |
| Step 5 Other tax credits and advance payments (see instructions) | | | | | | rnal code | Column K Credit amount |
| Credit for prepaid sales tax on cigarettes | | | | | | C8888 | |
| Overpayment being carried forward from a prior period | | | | | | С | |
| Advance payments (made with Form ST-330) | - | | | | | A | |
| | Total tax | credits, ad | | yments, and ov | erpay | | 16 |

*4%% = 0.04375; 8%% = 0.08375; 7%% = 0.07375; 85% = 0.08625; 81%% = 0.08125; 87% = 0.08875

Proceed to Step 6, page 4



| Page 4 | of 4 | ST-100 (3/21) | Sales tax identification | on number | | | | 122 | Quar | terly | |
|---|-------------------------------------|---|---------------------------------|--|---|---|------------------|--------------------------|-----------------------------|-------|--|
| Step (| 6 Cal | culate taxes due | | Add Sales and use tax taxes (box 15) and subspayments, and overpay | Add Sales and use tax column total (box 14) to Total spetaxes (box 15) and subtract Total tax credits, advance payments, and overpayments (box 16). Enter result in bot | | | Taxes du | | | |
| Box 14 amount | \$ | + | Box 15 amount \$ | | Box 16 amount \$ | | = | 17 | | | |
| | | culate vendor collection lty and interest (see ins | | STOP full amount of tax du | eturn after the due date e, STOP! You are not e ou are not eligible, ente | ligible for the v | /endor | | | | |
| 1 | Ente | er collection credit wor er the box 14 amount | | | | | | | | | |
| | | | , | - | | | | | | | |
| 4 | 3 Subtract line 2 from line 1\$\$\$ | | | | | | | | | | |
| | | lines 3 and 4 | | | | | | | | | |
| _ | | | | ••••• | Φ | | | | | | |
| 6 | in | er the amount from Schedu structed on the schedule (i nter this amount as a posit | if any). | \$ | | | | | | | |
| 7 | Add | lines 5 and 6 | | | \$ | | | Vendor collection credit | | | |
| 8 | | dit amount <i>(multiply line 7 by</i> | | | \$ | | | VE 7706 | | | |
| | E | nter the line 8 amount or | \$200, whiche | ever is less, in box 18. | | | | | | | |
| OR F | av pe | nalty and interest if you | are filing late | ! | | | | Penalty | and intere | st | |
| | • • | - | | | | | | 19 | | | |
| 7B F | enait | y and interest are calcula | ited on the ar | | | o. | | | | | |
| Step 8 | | culate total amount du e instructions) | 16 | | Make check or money order payable to New York State Sales Tax. Write on your check your sales tax identification number, ST-100 , and 5/31/21 . | | | Total a | mount d | ue | |
| 8A | Α | | | | ion credit? Subtract box 18 from box 17. terest? Add box 19 to box 17. | | | 20 | | | |
| 8B Amount paid: Enter your payment amount. This amount should match your amount due in box 20. | | | | | | | | 21 | | | |
| Step 9 | 9 Sig | n and mail this return to keep a completed copy t | (see instr.) for your record | Must be postmarked by See below for complete | | | e considere | ed filed on tir | ne. | | |
| | | Do you want to allow anothe | r person to disc | uss this return with the Tax | Dept? (see instruction | ons) Yes | (comp | plete the follow | ring) No | | |
| Third par | ty | Designee's name | | Designee's phone number (| Designee's phone number () | | | on | | | |
| designee Designee's email address | | | | | | | | | | | |
| Signature of authorized p | | | | | Official title | | | | | | |
| pers | on | Email address of authorized pers | son | | Teleph | | | Da | ate | | |
| Paid | Firr | n's name (or yours if self-employed) | | | Firm's EI | N , | | Preparer's PT | IN or SSN | | |
| prepare | er Sig | nature of individual preparing this | return | Address | | City | | State ZII | P code | | |
| use only (see instr. | | ail address of individual preparing | this return | Telephone number | Preparer's N | Preparer's NYTPRIN NYTF | | | ate | | |
| (500 11101 | ./ | | | () | ✓ Make che | ck pavable | to New Yo | ork State Sal | les Tax. | | |
| Where to file your return and attachme Web File your return at www.tax.ny.gov (see Highligh | | | | ments | David Sample 100 Elm Street | | | _ | 297 | 71 | |
| | | | | hts in instructions). | | | | TE June 10, | | _ | |
| (If you are not required to Web File, mail your return NYS Sales Tax Processing, PO Box 15168, Albany N | | | | | ORDER OF N | ORDER OF New York State Sales Tax \$ 1 | | | \$ X,XXX.XX | -11 | |
| If using a private delivery service rather than the U.S Service, see Publication 55, <i>Designated Private Deli</i> | | | | | | First State Bank 00-0000000 ST-100 5/31/21 | | | | | |
| | | | | | | rget to write y | | | i't forget to your check | | |