New York State Department of Taxation and Finance

Quarterly Schedule NJ

For Part-Quarterly Filers
For use only by vendors located in New York State.

ST-810.4
(2/90)

NJ

0990 02

If you have checked the final return box on your New York State Tax Return, check here also ☐ .

Attach your New Jersey State Certificate of Authority.

Use labeled form

Read the instructions, ST-810.4-I, carefully before completing this schedule.

Use this form to report only transactions for the period **December 1, 1989 — February 28, 1990**

Gross sales and services (from Form ST-810, page 1, box A) ..... $

This schedule **must** be filed whether or not there is any New Jersey tax due for this period. Did you deliver any goods or services in New Jersey or make any purchases subject to use tax in New Jersey? If Yes, complete lines 1 - 13. If No, sign this schedule and attach it to Form ST-810. Yes ☐ No ☐

Summary of New Jersey Taxes Due

1. New Jersey gross sales	1	$	
2. New Jersey deductions *(see instructions)*	2		
3. New Jersey taxable sales (subtract line 2 from line 1)	3		
4. New Jersey sales tax rate	4		.06
5. New Jersey sales tax computed (multiply line 3 by line 4)	5		
6. New Jersey sales tax collected	6		
7. New Jersey sales tax (amount from line 5 or line 6, whichever is larger)	7		
8. New Jersey use tax due *(see instructions)*	8		
9. Total New Jersey tax due (add line 7 and line 8)	9		
10. Monthly payments (ST-809.4) — First Month ____ + Second Month ____	10		
11. Net New Jersey tax due (subtract line 10 from line 9)*(see instructions)*	11		
12. New Jersey late filing charge *(see instructions)*	12		
13. Total New Jersey amount due (add line 11 and line 12) (Do not transfer the amount shown on this line **to any other form.** Submit only one check or money order to include both this amount and the amount shown on Form ST-810, line 5.)	13		

Attach this schedule to Form ST-810, *New York State and Local Sales and Use Tax Return.*
Follow instructions for Form ST-810 for due date and mailing address.

I swear, verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Signature	Title
Telephone number (include area code) ( )	Date

For office use only

Amt. applied N.Y. $ _____

ST-810, line 5 $ _____