



New York State and Local Quarterly Sales and Use Tax Return

September	October	November
Tax Period		
September 1, 2001 – November 30, 2001		

Sales tax identification number	
Legal name (if no label, print legal name as it appears on the Certificate of Authority)	
dba (doing business as) name	
Number and street	Place label here
City, state, ZIP code	

December 2001						
S	M	T	W	T	F	S
						1
2	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	29
30						

302

Due date:
20 Thursday, December 20, 2001

You will be responsible for penalty and interest if your return is not postmarked by this date.

No tax due? Check the box to the right and complete Step 1; in Step 3 on page 3, enter *none* in boxes 13, 14, and 15; and complete Step 9. 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.

Multiple locations? If you are reporting sales tax for more than one business location **and** your identification number does not end in C, check the box to the right and attach a list of your locations.

Final return? Check the box to the right if you are discontinuing your business and this is your final return; complete this return and the back of your *Certificate of Authority*. Attach the *Certificate of Authority* to the return. See 2 in instructions.

Has your address or business information changed? If so, check the box to the right and enter new mailing address on preprinted label above. See 3 in instructions.

Step 1 of 9 Gross sales and services Enter total **gross sales and services** in box 1 **1**00

Do not include sales tax in the gross sales and services amount. See 4 in instructions.

Step 2 of 9 Identify required schedules Check the box(es) on the right below, then complete the schedule(s) if necessary and proceed to Step 3. **Need to obtain schedules?** See *Need help?* on page 4 of this form.

Quarterly schedule	Description	Check the box for each schedule you are attaching
	Use Form ST-100.2, <i>Quarterly Schedule A</i> , to report tax and taxable receipts from sales of food and drink (restaurant meals, takeout, etc.) and from hotel occupancy in Nassau or Niagara County , as well as admissions, club dues, and cabaret charges in Niagara County.	<input type="checkbox"/>
	Use Form ST-100.3, <i>Quarterly Schedule B</i> , to report tax due on utilities (residential/nonresidential), transportation and delivery of gas and electricity, and residential energy sources and services , including school district utility taxes. Reminder: You must report sales of nonresidential utility services made to QEZE on Form ST-100.3-ATT, <i>Quarterly Schedule B-ATT</i> .	<input type="checkbox"/>
	Use Form ST-100.10, <i>Quarterly Schedule FR</i> , to report retail sales of motor fuel or diesel motor fuel , and fuel taken from inventory, as explained in the schedule's instructions.	<input type="checkbox"/>
	Use Form ST-100.7, <i>Quarterly Schedule H</i> , to report sales of clothing and footwear eligible for exemption from New York State and some local sales and use tax.	<input type="checkbox"/>
	Use Form ST-100.5, <i>Quarterly Schedule N</i> , to report taxes due and sales of certain services in New York City . Reminder: Providers of parking services must also file Form ST-100.5-ATT, <i>Quarterly Schedule N-ATT</i> .	<input type="checkbox"/>
	Use Form ST-100.9, <i>Quarterly Schedule Q</i> , to report sales of tangible personal property or services to Qualified Empire Zone Enterprises (QEZE) eligible for exemption from New York State and some local sales and use tax.	<input type="checkbox"/>
	Use Form ST-100.8, <i>Quarterly Schedule T</i> , to report taxes due on telephone services, telephone answering services, and telegraph services imposed by certain counties, school districts, and cities. Reminder: You must report sales of these services made to QEZE on Form ST-100.8-ATT, <i>Quarterly Schedule T-ATT</i> .	<input type="checkbox"/>

Schedules CT and NJ: For reciprocal tax agreement filing requirements, see 5 in instructions.

Refer to instructions (Form ST-100-1) if you have questions or need help. Please be sure to keep a completed copy of your return for your records. See the bottom of page 4 for informational telephone numbers.

For office use only

Proceed to Step 3, page 2

Step 3 of 9 Calculate sales and use taxes <i>Refer to instructions (Form ST-100-I) if you have questions or need help.</i>		Column C Taxable sales and services	+	Column D Purchases subject to tax	×	Column E Tax rate	=	Column F Sales and use tax (C + D) × E	
Enter total from Form ST-100.10 (if any) in box 2								2	
Enter totals (if any) from: + + + + + + + =		3		4				5	
Column A Taxing Jurisdiction	Column B Code								
New York State only	NE 0002	.00		.00		4%			
Albany County	AL 0179	.00		.00		8%			
Allegany County	AL 0215	.00		.00		8%			
Broome County	BR 0313	.00		.00		8%			
Cattaraugus County (outside the following)	CA 0499	.00		.00		8%			
Olean (city)	OL 0419	.00		.00		8%			
Salamanca (city)	SA 0429	.00		.00		8%			
Cayuga County (outside the following)	CA 0503	.00		.00		8%			
Auburn (city)	AU 0552	.00		.00		8%			
Chautauqua County	CH 0602	.00		.00		7%			
Chemung County	CH 0793	.00		.00		7%			
Chenango County (outside the following)	CH 0805	.00		.00		7%			
Norwich (city)	NO 0844	.00		.00		7%			
Clinton County	CL 0993	.00		.00		7%			
Columbia County	CO 1003	.00		.00		8%			
Cortland County	CO 1122	.00		.00		8%			
Delaware County	DE 1202	.00		.00		6%			
Dutchess County	DU 1303	.00		.00		7¼%			
Erie County	ER 1415	.00		.00		8%			
Essex County	ES 1502	.00		.00		7%			
Franklin County	FR 1602	.00		.00		7%			
Fulton County (outside the following)	FU 1706	.00		.00		7%			
Gloversville (city)	GL 1715	.00		.00		7%			
Johnstown (city)	JO 1724	.00		.00		7%			
Genesee County	GE 1895	.00		.00		8%			
Greene County	GR 1903	.00		.00		8%			
Hamilton County	HA 2002	.00		.00		7%			
Herkimer County	HE 2104	.00		.00		8%			
Jefferson County	JE 2202	.00		.00		7%			
Lewis County	LE 2303	.00		.00		7%			
Livingston County	LI 2402	.00		.00		7%			
Madison County (outside the following)	MA 2582	.00		.00		7%			
Oneida (city)	ON 2526	.00		.00		7%			
Monroe County	MO 2605	.00		.00		8%			
Montgomery County	MO 2793	.00		.00		7%			
Nassau County	NA 2804	.00		.00		8½%			
Niagara County	NI 2902	.00		.00		7%			
Oneida County (outside the following)	ON 3003	.00		.00		8%			
Rome (city)	RO 3029	.00		.00		8%			
Sherrill (city)	SH 3045	.00		.00		8%			
Utica (city)	UT 3056	.00		.00		8%			
Onondaga County	ON 3102	.00		.00		7%			
Ontario County (outside the following)	ON 3272	.00		.00		7%			
Canandaigua (city)	CA 3232	.00		.00		7%			
Geneva (city)	GE 3242	.00		.00		7%			
Orange County	OR 3303	.00		.00		7¼%			
Orleans County	OR 3473	.00		.00		8%			
Oswego County (outside the following)	OS 3598	.00		.00		7%			
Fulton (city)	FU 3532	.00		.00		7%			
Oswego (city)	OS 3542	.00		.00		7%			
Column subtotals (also enter on page 3, boxes 10, 11, and 12):		6		7				8	

Step 6 of 9 Calculate taxes due	Add <i>Sales and use tax</i> column total (box 15) to <i>Total special taxes</i> (box 16) and subtract <i>Total tax credits and advance payments</i> (box 17).	Taxes due
Box 15 amount \$ _____ + Box 16 amount \$ _____ - Box 17 amount \$ _____ =	18	
Step 7 of 9 Calculate vendor collection credit or pay penalty and interest	You are eligible for vendor collection credit ONLY if you file by December 20, 2001, and you pay the full amount due with the return. If you are not eligible, enter "0" in box 19 and go to 7D .	
7A If you are not required to file any schedules, start at the asterisk (*) in 7B. Schedule B, Part 4, box 4 _____ Schedule B, Part 4, box 6 + _____ Schedule B-ATT + _____ Schedule H + _____ Schedule N + _____ Schedule Q + _____ Schedule T-ATT + _____ Total adjustment = _____	7B Schedule FR, Part 3, box 7 _____ *Form ST-100, Step 3, box 13 + _____ Total adjustment from 7A - _____ Form ST-100, Step 3, box 9 - _____ Form ST-100, Step 3, box 9a - _____ Eligible sales amount (move to 7C) = _____	
7C Eligible sales amount from 7B above \$ _____ State tax rate $\times 4\%$ = (subtotal a) \$ _____ Schedule B, Part 4, box 6 from 7A above \$ _____ $\times 2\%$ = (subtotal b) \$ _____ (add subtotals a and b) \$ _____ $\times 3\frac{1}{2}\%$ = \$ _____ **	19	Vendor collection credit VE 7702
OR Pay penalty and interest if you are filing late		Penalty and interest
7D Call 1 800 972-1233 or access our Web site at www.tax.state.ny.us/salespi/salespi.asp for an estimate of the penalty and interest due on the amount shown in box 18, <i>Taxes due</i> . Enter this amount in box 20.	20	
Step 8 of 9 Calculate total amount due	Make check or money order payable to New York State Sales Tax . Write on your check your ID#, ST-100 , and 11/30/01 .	Total amount due
Final calculation:	Taking vendor collection credit? Subtract box 19 from box 18. Paying penalty and interest? Add box 20 to box 18.	

Step 9 of 9 Sign and mail this return <i>Please be sure to keep a completed copy for your records.</i>	Must be postmarked by Thursday, December 20, 2001 , to be considered filed on time. See below for complete mailing information.										
Printed name of taxpayer _____ Title _____ Signature of taxpayer _____ Date _____ Daytime telephone (____) _____ Printed name of preparer, if other than taxpayer _____ Preparer's address _____ Signature of preparer, if other than taxpayer _____ Daytime telephone (____) _____	<input checked="" type="checkbox"/> Make check payable to New York State Sales Tax.										
Where to mail your return and attachments <i>If using a private delivery service rather than the U.S. Postal Service, see 24 in instructions for the correct address.</i>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Do you participate in the New Jersey/New York or the Connecticut/New York Reciprocal Tax Agreement? </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>No</p> <div style="border: 1px solid black; padding: 5px; width: 150px;"> Address envelope to: NYS SALES TAX PROCESSING JAF BUILDING PO BOX 1205 NEW YORK NY 10116-1205 </div> </div> <div style="text-align: center;"> <p>Yes</p> <div style="border: 1px solid black; padding: 5px; width: 150px;"> Address envelope to: NYS SALES TAX PROCESSING RECIPROCAL TAX AGREEMENT JAF BUILDING PO BOX 1209 NEW YORK NY 10116-1209 </div> </div> </div>										
	<div style="border: 1px solid black; padding: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">David Sample 100 Elm Street Albany, NY 12203</td> <td style="text-align: right; font-size: small;">2971 DATE <u>December 10, 2001</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">PAY TO THE ORDER OF <u>New York State Sales Tax</u> \$1000</td> </tr> <tr> <td colspan="2" style="text-align: center;">One Thousand and 00/100 DOLLARS</td> </tr> <tr> <td colspan="2" style="text-align: center;">First State Bank</td> </tr> <tr> <td style="font-size: x-small;">00-0000000 ST-100 11/30/01</td> <td style="text-align: right; font-size: x-small;"> Don't forget to sign your check </td> </tr> </table> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Don't forget to write your ID#, ST-100, and 11/30/01 </div>	David Sample 100 Elm Street Albany, NY 12203	2971 DATE <u>December 10, 2001</u>	PAY TO THE ORDER OF <u>New York State Sales Tax</u> \$1000		One Thousand and 00/100 DOLLARS		First State Bank		00-0000000 ST-100 11/30/01	 Don't forget to sign your check
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Need help?

Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.
 Business Tax information: 1 800 972-1233
 Forms and publications: 1 800 462-8100
 From outside the U.S. and outside Canada: (518) 485-6800
 Fax-on-demand forms: 1 800 748-3676
 Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m., eastern time)

Internet access: www.tax.state.ny.us

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.

Refer to the instructions (Form ST-100-I) if you have questions or need further help.