



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

Calendar grid for April 2002, Tax period April 1, 2002 - April 30, 2002

Sales tax identification number, Legal name, dba (doing business as) name, Number and street, City, state, ZIP code

Calendar grid for May 2002, highlighting the 20th

0203

Due date: Monday, May 20, 2002

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

No tax due? Check the box and enter your gross sales in box 1 of Step 1 below; enter none in boxes 2 and 3. 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.

Has your address or business information changed? If so, enter new mailing address on preprinted label above. See 2 in instructions.

Complete Step 1 or Step 2, but not both. See 3 in instructions.

Step 1 of 3 Long method of calculating tax due

Table for Step 1: Long method of calculating tax due. Rows 1-12 including gross sales, taxable sales, purchases, sales tax, credits, net tax due, and amount due.

Step 2 of 3 Short method of calculating tax due

Table for Step 2: Short method of calculating tax due. Rows 1-10 including comparable quarter, tax due, prepaid sales tax, net tax due, credits, advance payments, and amount due.

*Include short method adjustment in box 1 (see Short method adjustment in instructions.)

Locality Adjustment \$

For office use only

Step 3 of 3 Sign and mail this returnMust be postmarked by **Monday, May 20, 2002**, to be considered filed on time. See below for complete mailing information.

Please be sure to keep a completed copy for your records.

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 (____) _____

**Where to mail your return and attachments***If using a private delivery service rather than the U.S. Postal Service, see 19 in instructions for the correct address.*

Do you participate in the New Jersey/New York or the Connecticut/New York Reciprocal Tax Agreement?

No

Yes

Address envelope to:NYS SALES TAX PROCESSING
JAF BUILDING
PO BOX 1208
NEW YORK NY 10116-1208**Address envelope to:**NYS SALES TAX PROCESSING
RECIPROCAL TAX AGREEMENT
JAF BUILDING
PO BOX 1209
NEW YORK NY 10116-1209 **Make check payable to *New York State Sales Tax.***

| | |
|---|----------------------------------|
| David Sample 100 Elm Street Albany, NY 12203 | 2971 DATE May 10, 2002 |
| PAY TO THE ORDER OF New York State Sales Tax \$1000 | |
| One Thousand and 00/100 DOLLARS | |
| First State Bank | |
| 00-0000000 ST-809 4/30/02 | <i>David Sample</i> |

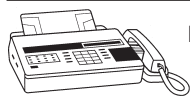
Don't forget to write your sales tax ID#, **ST-809**, and **4/30/02**

Don't forget to sign your check

Need help?**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.**For business tax information**, call the New York State Business Tax Information Center: 1 800 972-1233**For general information:** 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800

**Fax-on-demand forms:** Forms are available 24 hours a day, 7 days a week. 1 800 748-3676**Internet access:** www.tax.state.ny.us**Hotline for the hearing and speech impaired:**

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.

**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 CONTACT CENTER
W A HARRIMAN CAMPUS
ALBANY NY 12227