New York State Department of Taxation and Finance

Part-Quarterly ST-809

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

June 2007
Tax period
June 1, 2007 – June 30, 2007

July 2007

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	31				

0408

20 **Due date:**
Friday, July 20, 2007

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

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

City, state, ZIP code

No tax due? If so, mark an *X* in the box to the right and enter your gross sales and services 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 ❶ in instructions. ☐

Has your address or business information changed? If so, call the Sales Tax Information Center to update address information or mark an *X* in the box to the right and enter new mailing address on preprinted label above. See ❷ in instructions. ☐

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

Step 1 of 3 Long method of calculating tax due

1 Enter total gross sales and services *(to nearest dollar; see ❹ in instructions)*	**1**	.00
2 Enter total taxable sales and services *(to nearest dollar; see ❺ in instructions)*	**2**	.00
3 Enter total purchases subject to tax *(to nearest dollar; see ❻ in instructions)*	**3**	.00
4 Sales and use tax *(see ❼ in instructions)*	**4**	
5 Credit for prepaid sales tax *(see ❽ in instructions)*	**5**	
6 Net tax due *(subtract box 5 amount from box 4 amount)*	**6**	
7 Credits not identified *(attachments required, see ❾ in instructions)*	**7**	
8 Advance payments *(see ❿ in instructions)*	**8**	
9 Add box 7 amount to box 8 amount	**9**	
10 Sales and use tax due *(subtract box 9 amount from box 6 amount)*	**10**	
11 Penalty and interest *(see ⓫ in instructions)*	**11**	
12 Amount due *(add box 10 amount to box 11 amount; see ⓬ in instructions)* .... **Pay this amount**	**12**	

Step 2 of 3 Short method of calculating tax due

1 Comparable quarter of previous year *(see ⓭ in instructions)**	**1**	
2 Tax due *(one-third of box 1 amount)*	**2**	
3 Credit for prepaid sales tax *(see ⓮ in instructions)*	**3**	
4 Net tax due *(subtract box 3 amount from box 2 amount)*	**4**	
5 Credits not identified *(attachments required, see ⓯ in instructions)*	**5**	
6 Advance payments *(see ⓰ in instructions)*	**6**	
7 Add box 5 amount to box 6 amount	**7**	
8 Sales and use tax due *(subtract box 7 amount from box 4 amount)*	**8**	
9 Penalty and interest *(see ⓱ in instructions)*	**9**	
10 Amount due *(add box 8 amount to box 9 amount; see ⓲ in instructions)* .... **Pay this amount**	**10**	

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

Locality _____   Adjustment _____
$

For office use only

Sales tax identification number

0408   **Part-Quarterly**

Step 3 of 3 **Sign and mail this return**	Must be postmarked by **Friday, July 20, 2007,** to be considered filed on time.
Please be sure to keep a completed copy for your records.	See below for complete mailing information.

Third – party designee

Do you want to allow another person to discuss this return with the Tax Dept? *(see instructions)*   **Yes** ☐ *(complete the following)*   **No** ☐

Designee's name	Designee's phone number ( )	Personal identification number (PIN)

Designee's e-mail address

Printed name of taxpayer _____   Title _____

Taxpayer's e-mail address _____

Signature of taxpayer _____   Date ___ / ___ / ___   Daytime telephone ( )

Printed name of preparer, if other than taxpayer _____   Preparer identification number

Preparer's address _____

Preparer's e-mail 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 ㉒ in instructions for the correct address.

Do you participate in the New Jersey/New York or the Connecticut/New York reciprocal tax agreement?

No

Address envelope to:

NYS SALES TAX PROCESSING
JAF BUILDING
PO BOX 1208
NEW YORK NY 10116-1208

Yes

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 **July 10, 2007**

PAY TO THE ORDER OF   New York State Sales Tax $ X,XXX.XX

(your payment amount)   DOLLARS

First State Bank

00-0000000   ST-809   6/30/07

David Sample

Don't forget to write your sales tax ID#, *ST-809,* and *6/30/07.*   Don't forget to sign your check

Need help?

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