

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

| Part- | Qι | ıa | rt | er | ŀlу | (| M | or | nt | h | ly |) | S | T | -8 | 0 | 9 |
|-------|-----|----|----|----|------------|---------|----------|---------|----|----|----|----|----|----|----|-----------|---|
| | | | | | April 2010 | | | | | | | | | | | | |
| | + | F | | + | Ŧ. | П Та | T X I | ∏ De | ri | | 7 | Ŧ | F | F | П | \exists | _ |
| | . / | ۱p | ri | 11 | , 2 | 01 | 0 | - 1 | Αį | or | il | 30 |), | 20 |)1 | 0 | - |

May 2010

| | Sales tax identification number | | | S M T W T F S 2 3 4 5 6 7 8 | 0211 |
|------|---|-------------------------------|----------------|---|-------|
| Ī | Legal name (print ID number and legal name as it appears on the Certificate | e of Authority) | 1 2 3 | | 0211 |
| | DBA (doing business as) name | | | | |
| - | Number and street | | Y | Thursday, May 20, 2010 bu will be responsible for penalty and | |
| - | City, state, ZIP code | | if | your return is not postmarked by this | date. |
| No | tax due? Enter your gross sales and services in box 1 of Step 1 below; en There is a \$50 penalty for late filing of a no-tax-due return. So | | must fi | le by the due date even if no tax is | due. |
| | s your address or If so, visit our Web site at www.nystax.gov an in the box to the right and enter new mailing a | | | | |
| Со | mplete Step 1 or Step 2, but not both. See 3 in instruction | ons. | | | |
| St | ep 1 of 3 Long method of calculating tax due | | | | |
| | _ | | | 1 | |
| 1 | Enter total gross sales and services (to nearest dollar; see 4 in instr | ructions) | | | .00 |
| _ | - | | | 2 | |
| 2 | Enter total taxable sales and services (to nearest dollar; see 5 in ins | structions) | | 3 | .00 |
| 2 | Enter total purchases subject to tax (to nearest dollar; see 6 in instr | ruotiona) | | | .00 |
| | | | Τ | | .00 |
| 5 | Sales and use tax (see 7 in instructions) | 5 | | - | |
| | Net tax due (subtract box 5 amount from box 4 amount) | | | 6 | |
| | | | Τ | | |
| 8 | Credits not identified (attachments required, see 9 in instructions) Advance payments (see 10 in instructions) | 8 | | - | |
| | Add box 7 amount to box 8 amount | | | 9 | T |
| | Sales and use tax due (subtract box 9 amount from box 6 amount) | | | 10 | |
| | Penalty and interest (see 11 in instructions) | | | 11 | |
| • • | Terially and interest (see 11 in instructions) | | | 12 | |
| 12 | Amount due (add box 10 amount to box 11 amount; see 12 in instruction | ons) Pav this ar | nount | | |
| | ep 2 of 3 Short method of calculating tax due | | | | |
| | <u> </u> | | | | |
| 1 | Comparable quarter of previous year (see 13 in instructions)* | | | - | |
| 2 | Tax due (one-third of box 1 amount) | | | - - | |
| | Credit for prepaid sales tax (see 14 in instructions) | | | | |
| | Net tax due (subtract box 3 amount from box 2 amount) | | | 4 | |
| 5 | Credits not identified (attachments required, see 15 in instructions) | 5 | | - | |
| 6 | Advance payments (see 16 in instructions) | . 6 | | | |
| | 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 17 in instructions) | | | 9 | |
| | • | | _ | 10 | |
| | Amount due (add box 8 amount to box 9 amount; see 18 in instruction | | | | |
| *Inc | lude short method adjustment in box 1 (see Short method adjustmen | t on page 3 of instructions.) | For c | office use only | |
| | Locality Adjustment | | | | |

| Page 2 of 2 | ST-809 (4/10) | Sale | s tax identific | ation number | | | | | | 0211 | Part-Q | uarterly | / (Mo | nthly) | |
|--|-----------------------|--|-----------------|--------------------------------------|-----------------------------|--------|-----------|--------------------------------|---------------|--------------------------------------|--------------|------------|-------|--------|--|
| Step 3 of 3 Sign and mail this return Please be sure to keep a completed copy for your records. Must be postmarked by Thursday, May 20, 2010, to be considered filed on time. See below for complete mailing information. | | | | | | | | | | | | | | | |
| | Do you want to | allow another pers | on to disc | uss this return v | with the Tax | Dept? | (see inst | ructions) | Ye | es 🔲 (con | nplete the t | following) | No [| | |
| Third – | Designee's nam | | | Designee's p | Designee's phone number () | | | | | Personal identification number (PIN) | | | | | |
| designee | Designee's e-ma | ail address | | | | | | | | | | | | | |
| Printed name of | f taxpayer | | | | 1 | itle _ | | | | | | | | | |
| Taxpayer's e-ma | ail address | | | | | | | | | | | | | | |
| Signature of taxpayer Date/ / Daytime telephone () | | | | | | | | | | | | | | | |
| Printed name of preparer, if other than taxpayer identification number | | | | | | | | | | | | | | | |
| Preparer's addr | ess | | | | | | | | | | | | | | |
| Preparer's e-ma | ail address | | | | | | | | | | | | | | |
| Signature of pre | eparer, if other than | taxpayer | | | | | | Dayti telep | me hone (_ |) | | | | | |
| (1) | | Do you participate | in the New | , Jorsoy/Now York | k rociprocal | ¬ ! | ✓ Make | check | payable | e to <i>New Y</i> | ork State | Sales T | ax. | | |
| | delsey/New Tolk | k reciprocai | | David Sample 100 Elm Street May 1 | | | | | | | 971 | | | | |
| Where to | | No | | Ye | es | _ | Albany, N | | | D | ATE May | 10, 2010 | | - | |
| your retu | | Address envelope | to: 1 | Address envelo | ma ta: | - I | PAY TO TH | HE New Y | York Stat | te Sales Tax | | s X | XXX.) | ίχ | |
| attachme If using a priv | | • | | | • | | | | | yment amoun | t) / | | DOLL | | |
| | er than the U.S. | NYS SALES TAX PROPOSITION FOR SALES TAX PROP | OCESSING | NYS SALES TAX RECIPROCAL TA | | | First | State | Bank | / | Ih. | 1/ | | / | |
| Postal Service instructions for | | ALBANY NY 12212-5 | 172 | PO BOX 15173 ALBANY NY 122 | 12-5173 | | 00-0000 | 0000 ST | -809 4 | /30/10 | The | 10 | angk | 2_ | |
| the correct a | | | | ALBANT NT 122 | 12 3170 | | | | | | | | | | |
| | | | | | | | | n't forget -809, and | | your sales to D. | ax ID#, | Don't forg | | | |

Need help?

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