

Quarterly ST-100

| STATE | New York State and Local | Tax period: 3rd Quar | Tax period: 3rd Quarter | | | | | |
|--|--|---|---|--|--|--|--|--|
| | Quarterly Sales and Use Tax | Return September 1, 2024 – Novemb | September 1, 2024 – November 30, 202 | | | | | |
| | | Due: Friday, December 20, 2024 | | | | | | |
| Sales tax identification nu | mber legal name as it appears on the Certificate of Authority) | Mandate to use Sales Tax Most filers fall under this require | | | | | | |
| 0 (| | See Form ST-100-I, Instructions | | | | | | |
| BA (doing business as) name | | Form ST-100 Has your address or busin | ess 32 | | | | | |
| lumber and street | | information changed? Mark an X in the box if the addre | | | | | | |
| ity, state, ZIP code | | listed is new or has changed | | | | | | |
| ousiness, you are required Step 2 below. You must fil n status. The return shou | If you sell or discontinue your business, or chand to file a final return with the applicable information e your final return within 20 days of the last day of d include the tax due from business operations to ax collected on assets that you sell. Mark an X in the ax collected on assets that you sell. | a completed in period, complete Step 1 below; e boxes 12 13 and 14 and comp | report for thi enter none i lete Step 9. | | | | | |
| re vou claiming any cr | edits in Step 3 on this return or any schedules? (M | ark an X in the box.) | Г | | | | | |
| | nounts of credits claimed and complete Form ST-1 | | | | | | | |
| | | | .0 | | | | | |
| tep 1 Return sumn | nary | 1 | | | | | | |
| (see instruction | s) 1 Gross sales and services | | - | | | | | |
| | 1a Nontaxable sales | 1a | | | | | | |
| Mark an X in the ar | propriate box if your business has been sold or dis | | | | | | | |
| Sold Ins Note: If you intend in the ordinary cour <i>Purchasers of a Bu</i> | to sell your business or any of your business asse | solved Other Other | tive | | | | | |
| Sold Ins Note: If you intend in the ordinary cour | olvent Owner deceased Dis to sell your business or any of your business assered business, you must give each prospective pusiness or Business Assets. You must also provide Date of sale Date of sale Sale price / / | solved Other Other | her than tive | | | | | |
| Sold Ins Note: If you intend in the ordinary cour Purchasers of a Bu Last day of business // Name and address of p | colvent Owner deceased Dis to sell your business or any of your business asserse of business, you must give each prospective pusiness or Business Assets. You must also provide Date of sale Date of sale / Sale price urchaser / / | solved Other Other | | | | | | |
| Sold Ins Note: If you intend in the ordinary cour Purchasers of a Bu Last day of business // Name and address of b | colvent Owner deceased Dis to sell your business or any of your business asserse of business, you must give each prospective pusiness or Business Assets. You must also provide Date of sale Date of sale / Sale price urchaser / / | solved Other Other | | | | | | |
| Sold Ins Note: If you intend in the ordinary cour Purchasers of a Bu Last day of business / / Name and address of p | colvent Owner deceased Dis to sell your business or any of your business asserse of business, you must give each prospective pusiness or Business Assets. You must also provide Date of sale Date of sale / Sale price urchaser / / | solved Other Other | | | | | | |
| Sold Ins. Note: If you intend in the ordinary cour Purchasers of a Bu Last day of business // Name and address of p Name and address of b Location of property Was sales tax colled Business form ch | colvent Owner deceased Distribution to sell your business or any of your business assets of business, you must give each prospective pusiness or Business Assets. You must also provide Date of sale Date of sale Sale price / / urchaser Cted on any taxable items (furniture, fixtures, etc.) anged (for example, a sole proprietor to a partners) | solved Dther S, including tangible, intangible, or real property, oth rchaser a copy of Form TP-153, <i>Notice to Prospect</i> us with the following information: | | | | | | |
| Sold Ins Note: If you intend in the ordinary cour Purchasers of a Bu Last day of business /// Name and address of b Location of property Was sales tax colle Business form ch In addition to filing | colvent Owner deceased Distribution to sell your business or any of your business assering to sell your business, you must give each prospective pusiness or Business Assets. You must also provide Distribution Date of sale Sale price Uurchaser / usiness Control of sale cted on any taxable items (furniture, fixtures, etc.) | solved Dther S, including tangible, intangible, or real property, oth rchaser a copy of Form TP-153, <i>Notice to Prospect</i> us with the following information: | part | | | | | |

| Step 3 Calculate sales and use taxes (see instructions) | Column C Taxable sales and services | Column D • Purchases subject > to tax | Column E < Tax rate : | | |
|--|---|---|------------------------------------|----------------|--|
| Enter the total from Schedule FR, page 4, step any) in box 2 | | | | 2 | |
| Enter the total paper bag fee from Schedule E, box 1 | | | | 2a | |
| Enter the sum of any totals from Schedules A, B, H, N, | 3 .00 | 4 .00 | | 5 | |
| · | | .00 | .00 | | |
| Column A Taxing jurisdiction | Column B Jurisdiction code | | | | |
| New York State only | NE 0021 | .00 | .00 | 4% | |
| Albany County | AL 0181 | .00 | .00 | 8% | |
| Allegany County | AL 0221 | .00 | .00 | 81/2% | |
| Broome County | BR 0321 | .00 | .00 | 8% | |
| Cattaraugus County (outside the following) | CA 0481 | .00 | .00 | 8% | |
| Olean (city) | OL 0441 | .00 | .00 | 8% | |
| Salamanca (city) | SA 0431 | .00 | .00 | 8% | |
| Cayuga County (outside the following) | CA 0511 | .00 | .00 | 8% | |
| Auburn (city) | AU 0561 | .00 | .00 | 8% | |
| Chautauqua County | CH 0651 | .00 | .00 | 8% | |
| Chemung County | CH 0051 | .00 | .00 | 8% | |
| Chenango County (outside the following) | CH 0711 CH 0861 | .00 | .00 | 8% | |
| | NO 0831 | | | 8% | |
| Norwich (city) Clinton County | CL 0921 | .00 | .00 .00 | 8% | |
| | | | | | |
| Columbia County | CO 1021 | .00 | .00 | 8% | |
| Cortland County | CO 1131 | .00 | .00 | 8% | |
| Delaware County | DE 1221 | .00 | .00 | 8% | |
| Dutchess County | DU 1311 | .00 | .00 | 81/8%* | |
| Erie County | ER 1451 | .00 | .00 | 8¾% | |
| Essex County | ES 1521 | .00 | .00 | 8% | |
| Franklin County | FR 1621 | .00 | .00 | 8% | |
| Fulton County (outside the following) | FU 1791 | .00 | .00 | 8% | |
| Gloversville (city) | GL 1741 | .00 | .00 | 8% | |
| Johnstown (city) | JO 1751 | .00 | .00 | 8% | |
| Genesee County | GE 1811 | .00 | .00 | 8% | |
| Greene County | GR 1911 | .00 | .00 | 8% | |
| Hamilton County | HA 2011 | .00 | .00 | 8% | |
| Herkimer County | HE 2121 | .00 | .00 | 8¼% | |
| Jefferson County | JE 2221 | .00 | .00 | 8% | |
| Lewis County | LE 2321 | .00 | .00 | 8% | |
| Livingston County | LI 2411 | .00 | .00 | 8% | |
| Madison County (outside the following) | MA 2511 | .00 | .00 | 8% | |
| Oneida (city) | ON 2541 | .00 | .00 | 8% | |
| Monroe County | MO 2611 | .00 | .00 | 8% | |
| Montgomery County | MO 2781 | .00 | .00 | 8% | |
| Nassau County | NA 2811 | .00 | .00 | 85⁄8% * | |
| Niagara County | NI 2911 | .00 | .00 | 8% | |
| Oneida County (outside the following) | ON 3010 | .00 | .00 | 8¾% | |
| Rome (city) | RO 3015 | .00 | .00 | 8¾% | |
| Utica (city) | UT 3018 | .00 | .00 | 8¾% | |
| Onondaga County | ON 3121 | .00 | .00 | 8% | |
| Ontario County | ON 3211 | .00 | .00 | 71⁄2% | |
| Orange County | OR 3321 | .00 | .00 | 81/8%* | |
| Orleans County | OR 3481 | .00 | .00 | 8% | |
| Oswego County (outside the following) | OS 3501 | .00 | .00 | 8% | |
| Oswego (city) | OS 3561 | .00 | .00 | 8% | |
| Otsego County | OT 3621 | .00 | .00 | 8% | |
| Jisego Oduniy | 01 3021 | .00 | .00 | 070 | |



Step 3 Calculate sales and use taxes (continued)

| Column A Taxing jurisdiction | Column B Jurisdiction code | Column C Taxable sales and services | Column D Purchases subject to tax | │Column E│ X Tax rate 〓 | Column F Sales and use tax (C + D) × E |
|---|----------------------------------|---|--|-------------------------------|--|
| Putnam County | PU 3731 | .00 | .00 | 83/8%* | |
| Rensselaer County | RE 3881 | .00 | .00 | 8% | |
| Rockland County | RO 3921 | .00 | .00 | 83/8%* | |
| St. Lawrence County (outside the following) | ST 4091 | .00 | .00 | 8% | |
| Ogdensburg (city) | OG 4012 | .00 | .00 | 8% | |
| Saratoga County (outside the following) | SA 4111 | .00 | .00 | 7% | |
| Saratoga Springs (city) | SA 4131 | .00 | .00 | 7% | |
| Schenectady County | SC 4241 | .00 | .00 | 8% | |
| Schoharie County | SC 4321 | .00 | .00 | 8% | |
| Schuyler County | SC 4411 | .00 | .00 | 8% | |
| Seneca County | SE 4511 | .00 | .00 | | |
| Steuben County | ST 4691 | .00 | .00 | | |
| Suffolk County | SU 4711 | .00 | .00 | | |
| Sullivan County | SU 4821 | .00 | .00 | 8% | |
| | TI 4921 | .00 | .00 | 8% | |
| Tioga County Tompkins County (outside the following) | | | | 8% | |
| | TO 5081 | .00 | .00 | | |
| Ithaca (city) | IT 5021 | .00 | .00 | 8% | |
| Ulster County | UL 5111 | .00 | .00 | 8% | |
| Warren County (outside the following) | WA 5281 | .00 | .00 | 7% | |
| Glens Falls (city) | GL 5211 | .00 | .00 | 7% | |
| Washington County | WA 5311 | .00 | .00 | | |
| Wayne County | WA 5421 | .00 | .00 | | |
| Westchester County (outside the following) | WE 5581 | .00 | .00 | | |
| Mount Vernon (city) | MO 5521 | .00 | .00 | | |
| New Rochelle (city) | NE 6861 | .00 | .00 | | |
| White Plains (city) | WH 6513 | .00 | .00 | 8¾% * | |
| Yonkers (city) | YO 6511 | .00 | .00 | 81/8%* | |
| Wyoming County | WY 5621 | .00 | .00 | 8% | |
| Yates County | YA 5721 | .00 | .00 | 8% | |
| New York City/State combined tax [New York City includes counties of Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island)] | NE 8081 | .00 | .00 | 81/8%* | |
| New York State/MCTD | NE 8061 | .00 | .00 | - | |
| New York City - local tax only | NE 8091 | .00 | .00 | - | |
| | | .00 | .00 | | |
| | | .00 | .00 | 1 | |
| Column subtotals from page 2, boxes 6 | 7 and 8. | | | 1 1 | 11 |
| If the total of box $12 + box 13 = $300,000 \text{ or n}$ | | | <u>10</u> .00 | - | 14 |
| SIDEL CONTRACTOR CONTRACTOR | mn totals: | | | | 14 |
| Step 4 Calculate special taxes (see instruct | .00 Internal code | .00 Column G Taxable receipts | Column H X Tax rate = | Column J Special taxes due | |
| Passenger car rentals (outside the MCTD) | | PA 0012 | .00 | 12% | . (G × H) |
| Passenger car rentals (within the MCTD) | PA 0012 PA 0030 | .00 | 12% | | |
| Peer-to-peer car sharing (outside the MCTD) | | PA 0030 PE 0015 | .00 | 6% | |
| | | | 6% 6% | | |
| Peer-to-peer car sharing (within the MCTD) | nd tole are li | PE 0035 | .00 | | |
| Information & entertainment services furnished via telephony and | nu telegraphy | IN 7009 | .00 | 5% | |
| Vapor products | VA 7060 | .00 Total specia | 20% | 15a | |
| Step 4a Calculate fees (see instructions) | Internal code | Column K Number of items | Column L | Column M Fees due | |
| | 10/0 0047 | subject to fee | per item | (K × L) | |
| Waste tire management fee | | WA 0017 | | \$2.25 | 455 |
| | | | lot | al fees: | |
| | | Total annalal tar | and face the start | | 15c |
| | | Total special taxes *43/8% = 0 | and fees (box 15a + b) .04375; 8 ³ / ₈ % = 0.08 .07375; 8 ⁵ / ₈ % = 0.08 | 375; _P | roceed to Step 5, |

| Page 4 of 4 | s | T-100 (9/24) | Sales tax identificat | ion n | umber | | | | 3 | 25 Qua | rterly |
|--|------|--|---|--------------------------------------|--|---|--|--------------------------------|------------------|-----------------------------|--------|
| | | | | | | | Internal | | | | |
| Credit for prepaid sales tax on cigarettes CR C8 | | | | | | 888 | | | | | |
| | | | | | | С | | | | | |
| · · · · · | | nents (made with Form S | | | | | | А | | | |
| Total tax credits, advance payments, and overpaym | | | | | | rpayme | ents: 16 | | | | |
| Step 6 | Cal | culate taxes due | | | Add Sales and use tax column taxes and fees (box 15c) and payments, and overpayments | n total (box 1 subtract <i>Tot</i> (box 16). Ei | 4) to <i>Total s</i> al tax credits nter result in | becial , advance box 17. | | Taxes due | |
| Box 14 amount \$ | | | ■ Box 15c amount \$ | | Box 16 | t \$ | | = | 17 | | |
| | | culate vendor collecti ty and interest (see in: | | | If you are filing this return aft full amount of tax due, STOP collection credit. If you are no | ! You are not e | eligible for the v | endor | | | |
| | | r collection credit wo | | | \$ | | | | | | |
| | | | | | | | | | | | |
| | | | | | .\$ | | | | | | |
| | | | | | • | | | | | | |
| | | | | | .\$ | | | | | | |
| | | | | | | \$ | | | | | |
| 6 E | | r the amount from Sched | | | | | | | | | |
| | | tructed on the schedule (| | | ¢ | | | | | | |
| | | - | | | .\$ | | | | | | |
| | | | | | | | | | Vendo | vr collection ci VE 7706 | redit |
| 8 (| | | | | | \$ | | | 18 | 121100 | |
| | En | ter the line 8 amount or | * \$200, which | eve | r is less, in box to. | | | | | | |
| OR Pay penalty and interest if you are filing late | | | | | | | | Penalty and interest | | | |
| 7B Penalty and interest are calculated on the amount in box 17, <i>Taxes due</i> . | | | | | | | 19 | | | | |
| Step 8 Calculate total amount due (see instructions) | | | | | Make check or money order payable to <i>New York State Sales Tax.</i> Include your sales tax identification number, <i>ST-100,</i> and <i>11/30/24</i> . | | | | Total amount due | | |
| 8A | Ar | | | | on credit? Subtract box 18 terest? Add box 19 to box | | 17. | | 20 | | |
| 8BAmount paid:Enter your payment an amount due in box 20. | | | | mount. This amount should match your | | | | 21 | | | |
| | | n and mail this return to keep a completed copy | | ds. | Must be postmarked by Frida See instructions for complete | | | o be cons | idered file | ed on time. | |
| | | Do you want to allow anothe | er person to disc | cuss | this return with the Tax Dept? | (see instructi | ons) Yes | (com | plete the fo | llowing) No | |
| Third – Designee's name party | | | Designee's phone number () Personal identific number (PIN) | | | | ation | | | | |
| designe | e | Designee's email address | | | | | I | < / | | | |
| | | Signature of authorized person | | | Official | title | | | | | |
| Authorizo person | - F | Email address of authorized per | rson | | | 1 | elephone num | ber | | Date | |
| Paid | Firm | 's name (or yours if self-employed) | | | | Firm's El |) N | | Preparer's | PTIN or SSN | |
| preparer | Sign | ature of individual preparing this | return | Ado | dress | | City | | State | ZIP code | |
| use only | | | | | | NYTPF | | Date | | | |
| (see instr.) | | | | (|) | | | excl. co | de | | |

Need help?

See Form ST-100-I, Instructions for Form ST-100.

