Services in

**New York City** 

# **Quarterly Schedule N-ATT**

File as an attachment to Quarterly Schedule N For 2nd quarter tax period: June 1, 2024, through August 31, 2024

Due date:

Friday, September 20, 2024

225

|                                 | (Form ST-100.)  |
|---------------------------------|---|
| Sales tax identification number | Legal name (Print ID number and name as shown on Form ST-100 or Certificate of Authority) |
|                                 |   |

If you are an **exempt organization**, mark an **X** and complete Section A only.

|  | mark an X and complete Section A only.  |                  |                   |                 |                             |  |
|--|---|------------------|-------------------|-----------------|-----------------------------|--|
| Section A  | Section B   |                  |                   |                 |                             |  |
| Complete Section A for each facility you operate.  Any address listed must include a ZIP code. | Complete Section B for each facility located within Manhattan.  Attach additional photocopied sheets or forms, if needed. |                  |                   |                 |                             |  |
| Location 1  Mark an X if outside Manhattan   |   | Column A         | Column B          | Column C        | Column D                    |  |
| Address_   | Month   | Weekday*         | Weekend**         | Monthly         | Manhattan residents         |  |
|  | WIGHT   | 18%%             | 18%%              | 18%%            | 10%%                        |  |
| ZIP code   |   |                  |                   |                 |                             |  |
| Maximum daily rate   | 1   | .00              | .00               | .00             | .00                         |  |
| Licensed vehicle capacity  |   |                  |                   |                 |                             |  |
| Enter below all license numbers for this facility  | 2   | .00              | .00               | .00             | .00                         |  |
|  |   |                  |                   |                 |                             |  |
|  | 3   | .00              | .00               | .00             | .00.                        |  |
|  | <b>-</b>  | 00               | 00                | 00              | 00                          |  |
| Location 2 Mark on Vit autoida March office  | Total   | .00              | .00               | .00             | .00.                        |  |
| Location 2   | 1   | Column A         | Column B          | Column C        | Column D                    |  |
| Address  | Month   | Weekday*<br>18%% | Weekend**<br>18%% | Monthly<br>18%% | Manhattan residents<br>10%% |  |
| ZIP code   |   | 107870           | 107870            | 107870          | 107870                      |  |
| Maximum daily rate   | 1 1   | .00              | .00               | .00             | .00                         |  |
| Licensed vehicle capacity  |   |                  |                   |                 |                             |  |
| Enter below all license numbers for this facility  | 2   | .00              | .00               | .00             | .00                         |  |
|  |   |                  |                   |                 |                             |  |
|  | 3   | .00              | .00               | .00             | .00                         |  |
|  |   |                  |                   |                 |                             |  |
| _  | Total   | .00              | .00               | .00             | .00                         |  |
| Location 3   | .   | Column A         | Column B          | Column C        | Column D                    |  |
| Address  | Month   | Weekday*         | Weekend**         | Monthly         | Manhattan residents         |  |
| 710  |   | 18%%             | 18%%              | 18%%            | 10%%                        |  |
| ZIP code  Maximum daily rate   | 1   | .00              | .00               | .00             | .00                         |  |
| Licensed vehicle capacity  | '   | .00              | .00               | .00             | .00                         |  |
| Enter below all license numbers for this facility  | 2   | .00              | .00               | .00             | .00                         |  |
| Enter perew an needlest framework for the facility   | -   | .00              | .00               | .00             |                             |  |
|  | 3   | .00              | .00               | .00             | .00                         |  |
|  |   |                  |                   |                 |                             |  |
|  | Total   | .00              | .00               | .00             | .00                         |  |
| Location 4   |   | Column A         | Column B          | Column C        | Column D                    |  |
| Address  | Month   | Weekday*         | Weekend**         | Monthly         | Manhattan residents         |  |
|  |   | 18%%             | 18%%              | 18%%            | 10%%                        |  |
| ZIP code   | 1 ,   |                  |                   | 2.2             |                             |  |
| Maximum daily rate   | 1   | .00              | .00               | .00             | .00.                        |  |
| Licensed vehicle capacity  | 1 ,   | .00              | .00               | .00             | 00                          |  |
| Enter below all license numbers for this facility  | 2   | .00              | .00               | .00             | .00.                        |  |
|  | 3   | .00              | .00               | .00             | .00                         |  |
|  |   | .00              | .00               | .00             | .00                         |  |
|  | Total   | .00              | .00               | .00             | .00                         |  |
|  | เบเสเ   | * 14/0 0/4/00/4  | .00               | .00             | .00                         |  |

<sup>\*</sup> Weekday means Monday through Friday. \*\*Weekend means Saturday and Sunday.



# Quarterly Schedule N-ATT Taxes on Parking Services in New York City Instructions

# General information

# Who must file

You must complete and file Form ST-100.5-ATT, Quarterly Schedule N-ATT, and Form ST-100.5, Quarterly Schedule N, if you are required to collect tax on the services of parking, garaging, or storing of motor vehicles (parking services) in New York City.

If you are an exempt organization or vendor whose facilities are located outside Manhattan, you must complete only Section A of Form ST-100.5-ATT.

If you are a vendor conducting business in Manhattan, you must complete both Sections A and B of Form ST-100.5-ATT.

For more information about providing parking services in New York City, visit www.tax.ny.gov (search: parking).

# Requirement to file Form ST-100

If you must complete this schedule, you must also complete Form ST-100, New York State and Local Quarterly Sales and Use Tax Return.

# Specific instructions

**Identification number and name –** Print the sales tax identification number and legal name of your business, as shown on Form ST-100, or on your business's Certificate of Authority for sales and use tax.

Exempt organizations - Mark an X in the box beneath the identification number and name boxes, then complete Section A.

Other parking providers - You can provide information for up to four locations in Sections A and B. If you need to report for more than four facilities, complete and file additional copies of this schedule with your return.

### **Definitions**

The maximum daily rate refers to the cost of keeping a vehicle in a garage all day, not including overnight, as on file with the New York City Department of Consumer and Worker Protection.

The licensed vehicle capacity refers to the capacity most recently authorized by the Department of Consumer and Worker Protection.

The license number refers to the license the Department of Consumer and Worker Protection issued for the facility.

# Section A – All New York City locations

Provide the information requested in Section A for every New York City facility you operate, whether the facility is located inside or outside Manhattan.

- If your facility is located:
  - · outside Manhattan, mark an X in the box in Section A; or
  - in Manhattan, do not mark an X in the box in Section A.
- 2. Fill in the complete address, including the ZIP code.
- 3. Enter the maximum daily rate for the facility.
- 4. If your facility is:
  - · required to be licensed by the Department of Consumer and Worker Protection:
    - enter the facility's licensed vehicle capacity, and
    - list every license number the Department of Consumer and Worker Protection has issued for this facility.

- **not required** to be licensed by the Department of Consumer and Worker Protection:
  - enter the facility's vehicle capacity in the space for licensed vehicle capacity, and
  - leave the space for license number blank.
- 5. If your facility is located in Manhattan, complete Section B (see Section B instructions).

### Section B – Manhattan locations

Complete Section B if your facility is located in Manhattan. You must report parking receipts for a facility in Manhattan by category (weekday sales, weekend sales, monthly sales, and Manhattan resident sales) and the tax rate for the category.

- 1. In Column A:
  - a. Enter the total weekday (Monday through Friday) receipts taxed at 183/8% for each month of the quarter.
  - b. Add the three monthly totals.
  - c. Enter the quarterly total on the total line for Column A.
- 2. In Column B:
  - a. Enter the total weekend (Saturday and Sunday) receipts taxed at 18%% for each month of the quarter.
  - b. Add the three monthly totals.
  - c. Enter the quarterly total on the total line for Column B.
- 3. In Column C:
  - a. Enter the total monthly receipts for nonresident parking purchased on a monthly (or longer term) basis taxed at 18%% for each month of the quarter.
  - b. Add the three monthly totals.
  - c. Enter the quarterly total on the total line for Column C.
- 4. In Column D:
  - a. Enter the total monthly receipts for Manhattan residents parking taxed at 103/4% for each month of the quarter.
  - b. Add the three monthly totals.
  - c. Enter the quarterly total on the total line for Column D.

The combined totals for Columns A, B, and C in Section B for all locations must equal the taxable receipts reported on Form ST-100.5, Part 1, Column C, box 2.

The total from Column D in Section B for all locations must equal the amount reported on Form ST-100.5, Part 1, Column C, box 3.

# Filing this schedule

File a completed Form ST-100.5-ATT with Form ST-100.5. Form ST-100, and any other applicable schedules by the due date. Keep a copy of your completed return for your records.

## Filing requirements

For Form ST-100.5-ATT to be properly completed and filed, you must:

- · report sales for each separate parking facility, and
- include a ZIP code for every facility address.

If your return is not complete when filed, the statute of limitations that limits the time to assess additional sales and use tax does not begin to run; additional taxes for the period may be assessed at any time.

# Need help? and Privacy notification

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

