



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

April 2024 Tax period April 1, 2024 - April 30, 2024

Sales tax identification number, Legal name, DBA, Number and street, City, state, ZIP code

May 2024 calendar grid

0225

20 Due date: Monday, May 20, 2024

You will be responsible for penalty and interest if your return and any payment due is not electronically filed or postmarked by this date.

Mandate to use Sales Tax Web File - Most filers fall under this requirement. See Form ST-809-I, Instructions for Form ST-809.

No tax due? 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 instructions.

Has your address or business information changed? If so, visit our website (see Need help? in instructions) and see the change my address option for further instructions, or mark an X in the box to the right and enter new mailing address above. See instructions.

Step 1: Calculate tax due (complete Part 1 or Part 2, but not both)

Part 1: Long method of calculating tax due table with rows 1-12b

Part 2: Short method of calculating tax due table with rows 1-10b

*Include short method adjustment in box 1 (see Part 2, Box 1: Same quarter of previous year in instructions).

For office use only

Locality Adjustment \$



90000104240094

Sales tax identification number

0225

Part-Quarterly (Monthly)

Step 2: Sign and mail this return (see instr.)
 Please be sure to keep a completed copy for your records.

Must be postmarked by **Monday, May 20, 2024**, to be considered filed on time.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>			
	Designee's name	Designee's phone number ()	Personal identification number (PIN)	<input type="text"/>
	Designee's email address			
Authorized person	Signature of authorized person		Official title	
	Email address of authorized person		Telephone number ()	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	Email address of individual preparing this return	Telephone number ()	Preparer's NYTPRIN	NYTPRIN excl. code Date

For complete **mailing information**, see *Where to file your return and attachments* in the instructions.

Need help?

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

90000204240094

