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

October 2024

Tax period

October 1, 2024 - October 31, 2024

				November 2004	
Sales	s tax identification number		November 2024 S M T W T F S		
Legal	name (print ID number and legal name as it appears on the Certificate of A		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	0825	
DBA (doing business as) name		2	24 25 26 27 28 29 30	
	doing business do, name				
Numb	er and street	2	Due date: Wednesday, November 20, 20	024	
			Υ	ou will be responsible for penalty	
City, s	state, ZIP code	a p	and interest if your return and any payment due is not electronically file postmarked by this date.	∍d or	
Mand	ate to use Sales Tax Web File - Most filers fall under this requirer	ment. See Form ST-809-I,	Instruc	tions for Form ST-809.	
No ta	x due? Enter your gross sales and services in box 1 of Step 1 below; enter There is a \$50 penalty for late filing of a no-tax-due ref	er <i>none</i> in boxes 2 and 3. You turn . See instructions.	must f	ile by the due date even if no tax is	due.
	bur address or If so, visit our website (see <i>Need help?</i> in ir ess information changed? or mark an X in the box to the right and enterprise or mark an X in the box to the right and enterprise or mark an X in the box to the right and enterprise or mark an X in the box to the right and enterprise or mark an X in the box to the right and enterprise or mark an X in the box to the right and enterprise or mark an X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right and enterprise or mark and X in the box to the right a				🔲
Ste	p 1: Calculate tax due (complete Part 1 or Part 2, k	out not both)			
Part	1: Long method of calculating tax due (see instructions)				
1	Gross sales and services (enter total amount to nearest dollar)			1	.00
2	Taxable sales and services (enter total amount to nearest dollar)			.00	
3	Purchases subject to tax (enter total amount to nearest dollar)			.00	
	Sales and use tax				
5	Credit for prepaid sales tax	5			
6	Net tax due (subtract box 5 amount from box 4 amount)			6	
	Credits not identified (attachments required)		Τ		
Ω	Advance payments	8			
٥	Add box 7 amount to box 8 amount			9	
	Sales and use tax due (subtract box 9 amount from box 6 amount)				
11	Penalty and interest				
	Amount due (add box 10 amount to box 11 amount)				
	Amount paid (see instructions)			12b	
Part	2: Short method of calculating tax due (see instructions)	T T	1		
1	Same quarter of previous year*	1			
2	Tax due (one-third of box 1 amount)				
3	Credit for prepaid sales tax	3			
4	Net tax due (subtract box 3 amount from box 2 amount)			4	
5	Credits not identified (attachments required)	5			
	Advance payments	1 1			
	Add box 5 amount to box 6 amount			7	
	Sales and use tax due (subtract box 7 amount from box 4 amount)			8	
	Penalty and interest				
	Amount due (add box 8 amount to box 9 amount)				
	Amount paid (see instructions)				
וטט	Amount paid (See Instructions)				

*Include short method adjustment in box 1 (see Part 2, Box 1: Same quarter of previous year in instructions). For office use only Adjustment Locality \$



Page 2 of 2	ST-809 (10/24)	Sales tax identificat	ion number)825	Part-Qu	ıarterly (Moı	nthly
Step 2: Please be se	Sign and mail this re	eturn (see inst for your records	Must be postmarked b	y Wedne	esday, Nove	ember 20, 20	24 , to be	consider	ed filed on tim	e.
	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions)								llowing) No	
Third – party	Designee 3 name		Designee's phone numb	ber		Personal in		on		
designee	Designee's email address									
Authorize	Signature of authorized person			Official t	itle					
person	Email address of authorized pers	son			Te	lephone numbe)	er		Date	
Faiu	Firm's name (or yours if self-employed)				Firm's EIN	I		Preparer's	PTIN or SSN	
use	Signature of individual preparing this	return A	Address			City		State	ZIP code	
only (see instr.)	Email address of individual preparing	this return	Telephone number		Preparer's NY	TPRIN	NYTPRI		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.