



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

September 2000 Tax period September 1, 2000 - September 30, 2000

Sales tax identification number, Legal name, dba (doing business as) name, Number and street, City, state, ZIP code

October 2000 calendar grid showing days of the week and dates

0701

Due date: 20 Friday, October 20, 2000. You will be responsible for penalty and interest if your return is not postmarked by this date.

Place address label here

No tax due? Check the box and enter your gross sales 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. See 1 in instructions.

Has your address or business information changed? If so, enter new mailing address on preprinted label above. See 2 in instructions.

Complete Step 1 or Step 2, but not both. (See 6 in instructions)

Step 1 of 3 Long method of calculating tax due

Table for Step 1: Long method of calculating tax due. Rows include: 1 Enter total gross sales and services, 2 Enter total taxable sales and services, 3 Enter total purchases subject to use tax, 4 Sales and use tax, 5 Credit for prepaid sales tax, 6 Net tax due, 7 Credits not identified, 8 Advance payments, 9 Add Box 7 amount to Box 8 amount, 10 Sales and use tax due, 11 Interest and penalty, 12 Amount due.

Step 2 of 3 Short method of calculating tax due

Table for Step 2: Short method of calculating tax due. Rows include: 1 Comparable quarter of prior year, 2 Tax due (1/3 of Box 1 amount), 3 Credit for prepaid sales tax, 4 Net tax due, 5 Credits, 6 Advance payments, 7 Add Box 5 amount to Box 6 amount, 8 Sales and use tax due, 9 Interest and penalty, 10 Amount due.

*Include short method adjustment in Box 1 (see Short method adjustment in instructions.)

For office use only

Locality

Adjustment \$

Step 3 of 3 Sign and mail this return

Make sure you keep a completed copy for your records.

Must be postmarked by **Friday, October 20, 2000**, to be considered filed on time. See flowchart below for complete mailing information.

Printed name of taxpayer _____ Title _____

Signature of taxpayer _____ Date _____ Daytime telephone (_____)

Printed name of preparer, if other than taxpayer _____

Preparer's address _____

Signature of preparer, if other than taxpayer _____ Daytime telephone (_____)

**Where to mail your return and attachments**

If using a private delivery service rather than the U.S. Postal Service, see 19 in instructions for the correct address.

Do you participate in the New Jersey/New York or the Connecticut/New York Reciprocal Tax Agreement?

No

Yes

Address envelope to:NYS SALES TAX PROCESSING
JAF BUILDING
PO BOX 1208
NEW YORK NY 10116-1208**Address envelope to:**NYS SALES TAX PROCESSING
RECIPROCAL TAX AGREEMENT
JAF BUILDING
PO BOX 1209
NEW YORK NY 10116-1209If you are enrolled in the **PromptTax** program, please use the preaddressed envelope provided. Make check payable to **New York State Sales Tax**.

David Sample 100 Elm Street Albany, NY 12203	DATE October 20, 2000	2971
PAY TO THE ORDER OF New York State Sales Tax		\$1000
One Thousand and 00/100		DOLLARS
First State Bank		
00-0000000	ST-809	September 2000

Don't forget to write your ID#, ST-809, and tax period

Don't forget to sign your check

Need help?**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800

**Fax-on-demand forms:** Forms are available 24 hours a day, 7 days a week. 1 800 748-3676**Internet access:** <http://www.tax.state.ny.us>**Hotline for the hearing and speech impaired:**

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.**If you need to write,** address your letter to:NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
W A HARRIMAN CAMPUS
ALBANY NY 12227Refer to instructions (Form ST-809-1) if you have questions or need help.
Make sure you keep a completed copy of your return for your records.