



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

Table with columns for March 2007 and Tax period March 1, 2007 - March 31, 2007

Calendar for April 2007 with date 20 highlighted

0108

20 Due date: Friday, April 20, 2007

You will be responsible for penalty and interest if your return is not postmarked by this date.

Form with fields: Sales tax identification number, Legal name, DBA, Number and street, City, state, ZIP code

No tax due? If so, mark an X in the box to the right and 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 1 in instructions.

Has your address or business information changed? If so, call the Sales Tax Information Center to update address information or mark an X in the box to the right and enter new mailing address on preprinted label above. See 2 in instructions.

Complete Step 1 or Step 2, but not both. See 3 in instructions.

Step 1 of 3 Long method of calculating tax due

Table for Step 1 of 3 Long method of calculating tax due with rows 1-12 and columns for amounts

Step 2 of 3 Short method of calculating tax due

Table for Step 2 of 3 Short method of calculating tax due with rows 1-10 and columns for amounts

*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.)

Locality Adjustment \$

For office use only

Step 3 of 3 Sign and mail this return

Please be sure to keep a completed copy for your records.

Must be postmarked by **Friday, April 20, 2007**, to be considered filed on time.
See below for complete mailing information.

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)

Printed name of taxpayer _____ Title _____

Signature of taxpayer _____ Date ____ - ____ Daytime telephone ()

Printed name of preparer, if other than taxpayer _____ Preparer identification number

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 20 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 10116-1209

Make check payable to **New York State Sales Tax.**

David Sample 100 Elm Street Albany, NY 12203	DATE April 10, 2007	2971
PAY TO THE ORDER OF New York State Sales Tax		\$ X,XXX.XX
(your payment amount)		DOLLARS
First State Bank		
00-0000000 ST-809 3/31/07		

Don't forget to write your sales tax ID#, **ST-809**, and **3/31/07**.

Don't forget to sign your check.

Need help?

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