



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

July 2009 Tax period July 1, 2009 - July 31, 2009

August 2009 calendar grid with date 20 highlighted

0510

Due date: Thursday, August 20, 2009

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

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

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 1 in instructions.

Has your address or business information changed? If so, visit our Web site at www.nystax.gov 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 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 and boxes

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 and boxes

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

For office use only

Locality Adjustment \$

**Step 3 of 3 Sign and mail this return**

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

Must be postmarked by **Thursday, August 20, 2009**, 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  (complete the following) No

Designee's name	Designee's phone number ( )	Personal identification number (PIN)
Designee's e-mail address		

Printed name of taxpayer \_\_\_\_\_ Title \_\_\_\_\_

Taxpayer's e-mail address \_\_\_\_\_

Signature of taxpayer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime telephone ( ) \_\_\_\_\_

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

Preparer's address \_\_\_\_\_

Preparer's e-mail 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  
PO BOX 15172  
ALBANY NY 12212-5172

**Address envelope to:**

NYS SALES TAX PROCESSING  
RECIPROCAL TAX AGREEMENT  
PO BOX 15173  
ALBANY NY 12212-5173

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

David Sample 100 Elm Street Albany, NY 12203	DATE <b>August 10, 2009</b>	2971
PAY TO THE ORDER OF <b>New York State Sales Tax</b>	<b>\$ X.XXX.XX</b>	
(your payment amount)	DOLLARS	
<b>First State Bank</b>	<i>David Sample</i>	
00-0000000 ST-809 7/31/09		

Don't forget to write your sales tax ID#, **ST-809**, and **7/31/09**.

Don't forget to sign your check

**Need help?**

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