ST-810.4
(8/86)

QUARTERLY SCHEDULE NJ FOR PART-QUARTLY FILERS

NJ

For use by vendors located in New York State only.

New York State Department of TAXATION and FINANCE

0387

Use this form to report only transactions for the period

JUNE 1, 1986 — AUGUST 31, 1986 **08**

Use labeled Form

Read the instructions carefully before completing this schedule.

If incorrect on label, please enter correct information below. Check box to indicate whether address change is for:

☐ actual business location
☐ mailing address other than business location

ID Number

Name

Number and Street

City

State ZIP

Gross sales and services (from ST-810, page 1, box A) ..... $

This schedule **MUST** be filed whether or not there is any New Jersey tax due for this period. Did you deliver any goods or services in New Jersey or make any purchases subject to use tax in New Jersey? If YES, complete lines 1 - 13. If NO, sign this schedule and attach it to Form ST-810.

YES ☐
NO ☐

Summary of New Jersey Taxes Due

1.	New Jersey gross sales	1	$
2.	New Jersey deductions *(see instructions)*	2	
3.	New Jersey taxable sales (subtract line 2 from line 1)	3	
4.	New Jersey sales tax rate	4	.06
5.	New Jersey sales tax computed (multiply line 3 by line 4)	5	
6.	New Jersey sales tax collected *(see instructions)*	6	
7.	New Jersey sales tax (amount from line 5 or line 6, whichever is larger)	7	
8.	New Jersey use tax due *(see instructions)*	8	
9.	Total New Jersey tax due (add line 7 and line 8)	9	
10.	Monthly payments (ST-809.4) and any advance payments (ST-330, attach copy): FIRST MONTH + SECOND MONTH + ADVANCE PAYMENTS	10.	
11.	Net New Jersey tax due (subtract line 10 from line 9)(if an overpayment, *see instructions*)	11	
12.	ADD: New Jersey late filing charge *(see instructions)*	12	
13.	Total New Jersey amount due (add line 11 and line 12) (Do not transfer the amount shown on this line **to any other form.** Submit only one check or money order to include both this amount and the amount shown on ST-810, line 5.)	13	$

For office use only

ATTACH THIS SCHEDULE TO FORM ST-810, NEW YORK STATE & LOCAL SALES AND USE TAX RETURN

Follow instructions for ST-810 for due date and mailing address.

I swear, verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Signature	Title
Telephone Number (include area code) ( )	Date