New York State Department of Taxation and Finance

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

ST-809
(12/95)
0796

Use this form to report transactions for the period **December 1, 1995,** through **December 31, 1995, only.**

Sales tax vendor identification number	Business telephone number	Daytime telephone number
	( )	( )
Legal name		
DBA		
Street		
City, state, ZIP code		

Change of Business Information

☐ Check here if you have changed your business location and have not previously notified us. Enter this new address in the space next to your preprinted address. You must report this or any other change (name, identification number, mailing address or owner/officer/responsible person information) on either Form DTF-95.1, found in the ST-809 Instructions, or Form DTF-95, *Change of Business Information.* To request Form DTF-95, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

Complete labeled form and mail it in the enclosed envelope, to the applicable PO box listed on the back of this form, on or before **January 20, 1996.**

Type of business

Check here if you are reporting sales tax on this return for more than one business location. ☐
If you checked this box and your identification number does not have a ***C*** suffix, attach a list of your locations.

Summary of Tax Due — Complete *Long Method* or *Short Method* section below, not both *(see instructions).*

	Summary of Business Activities	A Gross Sales and Services (to nearest dollar)	B Taxable Sales and Services (to nearest dollar)	C Purchases Subject to Use Tax (to nearest dollar)
		•	•	•
Long Method	1a Sales and use taxes *(see instructions)*	1a		
	b Credit for prepaid sales tax *(see instructions)*	1b		
	c Net tax due *(subtract line 1b from 1a)*			1c •
	2a Credits not identified *(attachments required; see instructions)*	2a •		
	b Advance payments *(including PrompTax payment)*	2b •		
	c Add lines 2a and 2b			2c
	3 Sales and use taxes due *(subtract line 2c from line 1c)*			3 •
	4 Interest and penalties *(see instructions)*			4 •
	5 Amount due *(add lines 3 and 4)* **Pay this amount**			5 •

Short Method	1a Comparable quarter of the prior year *(see instructions)**	1a •	
	b Tax due *(1/3 of line 1a)*	1b	
	c Credit for prepaid sales tax *(see instructions)*	1c	
	d Net tax due *(subtract line 1c from line 1b)*		1d •
	2a Credits *(attachments required)*	2a •	
	b Advance payments *(including PrompTax payment)*	2b •	
	c Add lines 2a and 2b		2c
	3 Sales and use taxes due *(subtract line 2c from line 1d)*		3
	4 Interest and penalties *(see instructions)*		4 •
	5 Amount due *(add lines 3 and 4)* **Pay this amount**		5 •

— Attach check or money order payable to ***New York State Sales Tax***.
— Include on the check or money order your identification number, ***Form ST-809*** and the period you are reporting.

* **Adjustments:** Include on line 1a. (See *Short Method Adjustment* on page 3 of the instructions.)

Locality	Adjustment
	$

Signature of vendor	Telephone number ( )
Title	Date
Signature of preparer *(if other than vendor)*	Telephone number ( )
Preparer's address	Date

For office use only

Return Addresses

If you are in the PrompTax program and do not participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, mail your return to:

NYS PROMPTAX-SALES TAX
P O BOX 1506
CHURCH STREET STATION
NEW YORK NY 10008-1506

If you participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement or you are located outside New York State or your place of business is located in the following counties, mail your return to:

Albany	Essex	Oneida	Seneca
Allegany	Franklin	Onondaga	Steuben
Broome	Fulton	Ontario	St. Lawrence
Cattaraugus	Genesee	Orange	Sullivan
Cayuga	Greene	Orleans	Tioga
Chautauqua	Hamilton	Oswego	Tompkins
Chemung	Herkimer	Otsego	Ulster
Chenango	Jefferson	Putnam	Warren
Clinton	Lewis	Rensselaer	Washington
Columbia	Livingston	Rockland	Wayne
Cortland	Madison	Saratoga	Wyoming
Delaware	Monroe	Schenectady	Yates
Dutchess	Montgomery	Schoharie	
Erie	Niagara	Schuyler	

P O BOX **917**
ALBANY NY **12201-0917**

All other vendors whose place of business is located in any of the following counties mail your return to the address listed on the right.

New York Counties with ZIP codes 10001-10019
Richmond

P O BOX **2058**
CHURCH STREET STATION
NEW YORK NY **10008-2058**

Bronx
Kings
New York with ZIP codes 10020-10285

Queens
Westchester

G P O BOX **5464**
NEW YORK NY **10087-5464**

Nassau
Suffolk

P O BOX **1866**
HICKSVILLE NY **11802-1866**

Need Help?

For forms or publications, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. The call is toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. For information, you can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, call (518) 438-8581.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

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 the information and assistance numbers listed above.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling 1 800 634-2110 toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.