



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

Use this form to report transactions for the period September 1, 1999, through September 30, 1999, only.

0700

Form fields for Sales tax vendor identification number, Business telephone number, Daytime telephone number, Legal name, DBA, Street, City, state, ZIP code.

Change of Business Information. If your mailing address is incorrect on the label and you have not previously notified us, enter your correct mailing address next to your preprinted address.

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 October 20, 1999.

Type of business. Check here if you are reporting sales tax on this return for more than one business location.

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

Table for Long Method with columns: Summary of Business Activities, A Gross Sales and Services, B Taxable Sales and Services, C Purchases Subject to Use Tax. Rows 1a-5.

Table for Short Method with columns: Summary of Business Activities, A Gross Sales and Services, B Taxable Sales and Services, C Purchases Subject to Use Tax. Rows 1a-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.

For office use only

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

Signature of vendor, Title, Signature of preparer, Preparer's address, Telephone number, Date.

Locality Adjustment \$

## Where to mail your return and attachments

All vendors, except those who participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, including those located outside New York State, mail your completed return and attachments to:

NYS SALES TAX PROCESSING  
GENERAL POST OFFICE  
PO BOX 1208  
NEW YORK NY 10116-1208

Vendors who participate in the New Jersey/New York or Connecticut/New York Reciprocal Tax Agreement, mail your completed return and attachments to:

NYS SALES TAX PROCESSING  
RECIPROCAL TAX AGREEMENT  
GENERAL POST OFFICE  
PO BOX 1209  
NEW YORK NY 10116-1209

If you are enrolled in the PrompTax Program, please use the preaddressed envelope provided.

If you are using a private delivery service, address the return envelope to: The CHASE MANHATTAN BANK, NYS GOVERNMENT TAX PROCESSING, 12 CORPORATE WOODS BLVD., 4th FLOOR, ALBANY NY 12211

For a listing of designated delivery services, see Publication 55, *Designated Private Delivery Services*.

## 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 4:15 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  
TAXPAYER CORRESPONDENCE  
W A HARRIMAN CAMPUS  
ALBANY NY 12227