



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

September 2009 Tax period September 1, 2009 - September 30, 2009

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

October 2009 calendar grid with date 20 highlighted

0710

Due date: Tuesday, October 20, 2009

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

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: Long method of calculating tax due. Rows 1-12 including sales, taxable sales, purchases, tax, credits, net tax due, and amount due.

Step 2 of 3 Short method of calculating tax due

Table for Step 2: Short method of calculating tax due. Rows 1-10 including comparable quarter, tax due, credits, net tax due, and amount due.

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

For office use only

Locality Adjustment \$

Sales tax identification number

0710

Part-Quarterly (Monthly)

Step 3 of 3 Sign and mail this return

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

Must be postmarked by **Tuesday, October 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)	<input type="text"/>				
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 October 10, 2009	2971
PAY TO THE ORDER OF New York State Sales Tax		\$ <input type="text"/> X.XXX.XX
(your payment amount)		DOLLARS
First State Bank		
00-0000000	ST-809	9/30/09

Don't forget to write your sales tax ID#, **ST-809**, and **9/30/09**.

Don't forget to sign your check

Need help?

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