



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

Calendar grid for January 2017 showing tax period from January 1, 2017 to January 31, 2017.

Calendar grid for February 2017.

1117

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

21 Due date: Tuesday, February 21, 2017. You will be responsible for penalty and interest if your return and any payment due is not electronically filed or postmarked by this date.

Mandate to use Sales Tax Web File - Most filers fall under this requirement; see Form ST-809-I.

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 website (see Need help? in Form ST-809-I) 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 through 12b.

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 through 10b.

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

Locality Adjustment \$

For office use only



90000101170094

Sales tax identification number

1117

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, February 21, 2017**, 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 19 in instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	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's firm (or yours if self-employed) _____ Firm's employer identification number*

Preparer's address _____ Preparer's PTIN*

Preparer's e-mail address _____ Preparer's NYTPRIN* NYTPRIN excl. code

Signature of preparer, if other than taxpayer _____ Daytime telephone () _____

*See 20 in instructions

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

Where to file your return and attachments

Web File your return at www.tax.ny.gov (see instructions).

(If you are not required to Web File, mail your return and attachments to: NYS Sales Tax Processing, PO Box 15172, Albany NY 12212-5172)

If using a private delivery service rather than the U.S. Postal Service, see Publication 55, *Designated Private Delivery Services*.

David Sample 100 Elm Street Albany, NY 12203	DATE February 10, 2017	2971
PAY TO THE ORDER OF New York State Sales Tax		\$ <u>XXX.XX</u>
(your payment amount)		DOLLARS
First State Bank		
00-0000000 ST-809 1/31/17	<i>David Sample</i>	

Don't forget to write your sales tax ID#, **ST-809**, and **1/31/17**.

Don't forget to sign your check

Need help?

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

