



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

July 2019

**Tax period**  
July 1, 2019 – July 31, 2019

|                                                                                           |  |
|-------------------------------------------------------------------------------------------|--|
| Sales tax identification number                                                           |  |
| Legal name (print ID number and legal name as it appears on the Certificate of Authority) |  |
| DBA (doing business as) name                                                              |  |
| Number and street                                                                         |  |
| City, state, ZIP code                                                                     |  |

**August 2019**

|    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| S  | M  | T  | W  | T  | F  | S  |
| 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

**0520**

**20 Due date:**  
**Tuesday, August 20, 2019**

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, *Instructions for Form ST-809*.

**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 instructions.

**Has your address or business information changed?** If so, visit our website (see *Need help?* in instructions) 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 instructions. ☐

**Complete Step 1 or Step 2, but not both.**

## Step 1 Long method of calculating tax due (see instructions)

|                                                                    |     |     |
|--------------------------------------------------------------------|-----|-----|
| 1 Enter total gross sales and services (to nearest dollar)         | 1   | .00 |
| 2 Enter total taxable sales and services (to nearest dollar)       | 2   | .00 |
| 3 Enter total purchases subject to tax (to nearest dollar)         | 3   | .00 |
| 4 Sales and use tax                                                | 4   |     |
| 5 Credit for prepaid sales tax                                     | 5   |     |
| 6 Net tax due (subtract box 5 amount from box 4 amount)            | 6   |     |
| 7 Credits not identified (attachments required)                    | 7   |     |
| 8 Advance payments                                                 | 8   |     |
| 9 Add box 7 amount to box 8 amount                                 | 9   |     |
| 10 Sales and use tax due (subtract box 9 amount from box 6 amount) | 10  |     |
| 11 Penalty and interest                                            | 11  |     |
| 12a Amount due (add box 10 amount to box 11 amount)                | 12a |     |
| 12b Amount paid                                                    | 12b |     |

## Step 2 Short method of calculating tax due (see instructions)

|                                                                   |     |  |
|-------------------------------------------------------------------|-----|--|
| 1 Comparable quarter of previous year                             | 1   |  |
| 2 Tax due (one-third of box 1 amount)                             | 2   |  |
| 3 Credit for prepaid sales tax                                    | 3   |  |
| 4 Net tax due (subtract box 3 amount from box 2 amount)           | 4   |  |
| 5 Credits not identified (attachments required)                   | 5   |  |
| 6 Advance payments                                                | 6   |  |
| 7 Add box 5 amount to box 6 amount                                | 7   |  |
| 8 Sales and use tax due (subtract box 7 amount from box 4 amount) | 8   |  |
| 9 Penalty and interest                                            | 9   |  |
| 10a Amount due (add box 8 amount to box 9 amount)                 | 10a |  |
| 10b Amount paid                                                   | 10b |  |

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

Locality

Adjustment  
\$

For office use only



90000107190094

**Step 3 Sign and mail this return** (see instr.)  
**Please be sure to keep a completed copy for your records.**Must be postmarked by **Tuesday, August 20, 2019**, to be considered filed on time.  
See below for complete mailing information.

|                                                           |                                                                                                                                                                                    |                                |                                         |                            |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|----------------------------|
| <b>Third –<br/>party<br/>designee</b>                     | Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/> |                                |                                         |                            |
|                                                           | Designee's name                                                                                                                                                                    | Designee's phone number<br>( ) | Personal identification<br>number (PIN) |                            |
|                                                           | Designee's e-mail address                                                                                                                                                          |                                |                                         |                            |
| <b>Authorized<br/>person</b>                              | Signature of authorized person                                                                                                                                                     |                                | Official title                          |                            |
|                                                           | Email address of authorized person                                                                                                                                                 |                                | Telephone number<br>( )                 | Date                       |
| <b>Paid<br/>preparer<br/>use<br/>only</b><br>(see instr.) | Firm's name (or yours if self-employed)                                                                                                                                            |                                | Firm's EIN                              | Preparer's PTIN or SSN     |
|                                                           | Signature of individual preparing this return                                                                                                                                      | Address                        | City                                    | State ZIP code             |
|                                                           | Email address of individual preparing this return                                                                                                                                  | Telephone number<br>( )        | Preparer's NYTPRIN                      | NYTPRIN<br>excl. code Date |
|                                                           |                                                                                                                                                                                    |                                |                                         |                            |

\*See *Paid preparer's responsibilities* in instructions**Where to file your return and attachments****Web File** your return at [www.tax.ny.gov](http://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*.☒ Make check payable to **New York State Sales Tax**.

|                                                    |                                 |                        |
|----------------------------------------------------|---------------------------------|------------------------|
| David Sample<br>100 Elm Street<br>Albany, NY 12203 |                                 | 2971                   |
| DATE                                               |                                 | <b>August 10, 2019</b> |
| PAY TO THE<br>ORDER OF                             | <b>New York State Sales Tax</b> | \$X,XXX.XX             |
| (your payment amount)                              |                                 | DOLLARS                |
| <b>First State Bank</b>                            |                                 |                        |
| 00-0000000                                         | ST-809                          | 7/31/19                |

Don't forget to write your sales tax ID#, **ST-809**, and 7/31/19.

Don't forget to sign your check

**Need help?**See Form ST-809-I, *Instructions for Form ST-809*.