

NY Sales Tax Reminder

New Update

Sales Tax filers are now required to use the NYS Sales Tax Web Site to file their quarterly sales tax returns. If there is a balance due, it must be electronically withdrawn from your bank account. You may authorize any amount to be withdrawn.

If you would like us to prepare your sales tax return, upon authorization we will set up a NYS Web File account for you. This is a one time process. After that, we will electronically file your sales tax return for you. We will need your banking information to process your payment. Please note, there is a \$100 penalty for failure to file electronically, and another \$100 penalty for failure to pay electronically. New York Sales Tax Returns are on a fiscal year ending February 28th.

NYS Quarterly Sales Tax Due Dates

NY Quarterly Sales Tax Returns are due 20 days after the close of the quarter, as follows:		
QUARTER NO. / ANNUAL	QUARTER PERIOD	DUE DATES
1	Mar 1 – May 31	June 20
2	Jun 1 – Aug 31	September 20
3	Sep 1 – Nov 30	December 20
4	Dec 1 – Feb 28	March 20
ANNUAL	Mar 1 – Feb 28	March 20

If you'd like us to prepare your sales tax return, provide us with the requested info. **AS SOON AS POSSIBLE.**

Sales Tax ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Name:	<input type="text"/>								
Business Name:	<input type="text"/>								
Business Activity:	<input type="text"/>								
Business Address:	<input type="text"/>								
Quarter Number or Annual:	Quarter No:	<input type="checkbox"/>	Annual						
Jurisdiction (City or County):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Sales invoiced (excluding tax):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable Sales (excluding tax):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales Tax invoiced:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchases on which you did not pay Sales Tax:	<input type="text"/>								
Bank Name:	<input type="text"/>								
Bank Routing Number:	<input type="text"/>								
Bank Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> only one:	<input type="checkbox"/>	Business Checking	<input type="checkbox"/>	Personal Checking	<input type="checkbox"/>	Business Savings	<input type="checkbox"/>	Personal Savings	
Account Holders Name:	<input type="text"/>								

Please provide any additional information necessary to complete the sales tax return, such as, advance payments and credits. If you have sales in more than three jurisdictions, please print additional sheets and provide details regarding your sales in each jurisdiction. If you do not want us to continue to remind you to file every quarter or annually, please notify us.

Fee Payment for Sales Tax

I will pay by:

Check

Credit Card PLEASE FILL OUT >

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARD NUMBER																			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EXP. DATE			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECURITY CODE			

SIGNATURE _____