



Oneida Indian Nation Department of Taxation

**Oneida Indian Nation  
Sales and Use Tax Return for Part-Quarterly (Monthly) Filers**

**Quarterly OST-810**

**For tax period:**

\_\_\_\_\_, \_\_\_\_\_ to  
 Month Day Year  
 \_\_\_\_\_, \_\_\_\_\_  
 Month Day Year

All vendors who sell goods and services on Nation Land are required to complete a quarterly sales tax return. The quarterly tax period starts on the first day of each quarter for which you are required to file a return, and ends on the last day of the same quarter.

**DUE DATE:** Your return is due no later than the 20<sup>th</sup> day of the calendar month immediately following the calendar quarter of the tax period. You will be responsible for penalties and interest if your return and any payment due is not filed or postmarked by the due date.

Sales Tax Identification Number	
Legal name ( <i>print ID number and legal name as it appears on the Certificate of Authority</i> )	
DBA (doing business as) name	
Number and street	
City, state, ZIP code	
<b>No tax due for this tax period?</b> Enter the amount of gross sales and services on Nation Land in Box 1 of Step 1 below; enter "\$0" in boxes 2 and 3. You <b>must</b> file by the due date, even if no tax is due for this tax period. <b>There is a \$50 penalty for late filing of a no-tax-due return.</b> See <b>1</b> in instructions.	
<b>Has your address or business information changed?</b> If so, marked an <b>X</b> in the box to the right and enter new mailing address above. Contact the Department of Taxation to update any other business information. See <b>2</b> in instructions..... <input type="checkbox"/>	

**Step 1 of 3: Calculating Tax Due**

<b>Box 1</b>	Enter total gross sales and services on Nation Land ( <i>to nearest dollar; see 3 in instructions</i> )	1	\$	.00
<b>Box 2</b>	Enter total taxable sales and services on Nation Land ( <i>to nearest dollar; see 4 in instructions</i> )	2	\$	.00
<b>Box 3</b>	Enter total purchases subject to Nation tax ( <i>to nearest dollar; see 5 in instructions</i> )	3	\$	.00
<b>Box 4</b>	Sales and use tax ( <i>see 6 in instructions</i> )	4	\$	
<b>Box 5</b>	Credits ( <i>attachments required, see 7 in instructions</i> )	5	\$	
<b>Box 6</b>	Overpayment being carried forward from a prior period ( <i>see 8 in instructions</i> )	6	\$	
<b>Box 7</b>	Advance payments (OST-809 payments; <i>see 9 in instructions</i> )	7	\$	
<b>Box 8</b>	Sales and use tax due ( <i>subtract Box 5, 6, and/or 7 amount from Box 4 amount</i> )	8	\$	
<b>Box 9</b>	Penalty and interest ( <i>see 10 in instructions</i> )	9	\$	
<b>Box 10</b>	<b>Amount due (<i>add box 8 amount to box 9 amount; see 11 in instructions</i>):</b>	10	\$	
	<b>Pay this amount</b>			

**Step 2 of 3: Is this a final return?** (*see 12 in instructions*) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, reason for final return:

\_\_\_\_\_ Business sold, discontinued, or dissolved; if so, date of sale, discontinuance/dissolution\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*You must also surrender your Certificate of Authority along with this filing*

**Step 3 of 3: Complete the information below, then sign and mail this return. Please be sure to keep a completed copy of your return, including attachments, for your records.**

**Third-party designee** (optional): Do you want to allow another person (e.g., tax preparer) to discuss this return with the Department of Taxation? (see **13** in instructions) Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes":

Designee's name: \_\_\_\_\_ Designee's phone number: \_\_\_\_\_

Designee's e-mail address: \_\_\_\_\_

Designee's Self-Chosen Personal Identification Number (PIN): \_\_\_\_\_

The Department of Taxation will ask your Designee for this PIN to verify identity.

Printed name of taxpayer, or individual filing on behalf of taxpayer\*: \_\_\_\_\_

Title \_\_\_\_\_

Taxpayer's e-mail address \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Signature of taxpayer/filer: \_\_\_\_\_ Date: \_\_\_\_\_

**If prepared by someone other than the taxpayer:**

Printed name of preparer's firm: \_\_\_\_\_

Firm's employer identification number\*: \_\_\_\_\_

Preparer's address: \_\_\_\_\_

Preparer's e-mail address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Preparer's federal Tax Preparer Identification Number (PTIN\*): \_\_\_\_\_

Signature of preparer, if other than

taxpayer \_\_\_\_\_ \*See **14** in instructions

**Mail your completed return, any attachments, and your payment to:**

Oneida Indian Nation Department of Taxation  
Sales Tax Processing  
2037 Dream Catcher Plaza  
Oneida, New York 13421

**Make check payable to "Oneida Indian Nation". Write your Sales Tax ID Number and the tax period (Quarter End Month/Year) and form number on your check.**

**Questions? Contact the Department of Taxation at (315) 366-9393.**