

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**

For tax period:

**June 1, 2014, through August 31, 2014**

Due date:

**Monday, September 22, 2014****0615**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**

For tax period:

**March 1, 2014, through May 31, 2014**

Due date:

**Friday, June 20, 2014****0315**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**

For tax period:

**December 1, 2013, through February 28, 2014**

Due date:

**Thursday, March 20, 2014**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)**1214**

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.



New York State Department of Taxation and Finance

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**For tax period:  
**September 1, 2013, through November 30, 2013**Due date:  
**Friday, December 20, 2013**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)**0914**

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A <b>Weekday*</b> 18 <sup>3</sup> / <sub>8</sub> %	Column B <b>Weekend**</b> 18 <sup>3</sup> / <sub>8</sub> %	Column C <b>Monthly</b> 18 <sup>3</sup> / <sub>8</sub> %	Column D <b>Manhattan residents</b> 10 <sup>3</sup> / <sub>8</sub> %
Address _____		Month				
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A <b>Weekday*</b> 18 <sup>3</sup> / <sub>8</sub> %	Column B <b>Weekend**</b> 18 <sup>3</sup> / <sub>8</sub> %	Column C <b>Monthly</b> 18 <sup>3</sup> / <sub>8</sub> %	Column D <b>Manhattan residents</b> 10 <sup>3</sup> / <sub>8</sub> %
Address _____		Month				
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A <b>Weekday*</b> 18 <sup>3</sup> / <sub>8</sub> %	Column B <b>Weekend**</b> 18 <sup>3</sup> / <sub>8</sub> %	Column C <b>Monthly</b> 18 <sup>3</sup> / <sub>8</sub> %	Column D <b>Manhattan residents</b> 10 <sup>3</sup> / <sub>8</sub> %
Address _____		Month				
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A <b>Weekday*</b> 18 <sup>3</sup> / <sub>8</sub> %	Column B <b>Weekend**</b> 18 <sup>3</sup> / <sub>8</sub> %	Column C <b>Monthly</b> 18 <sup>3</sup> / <sub>8</sub> %	Column D <b>Manhattan residents</b> 10 <sup>3</sup> / <sub>8</sub> %
Address _____		Month				
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Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**

For tax period:

**June 1, 2013, through August 31, 2013**

Due date:

**Friday, September 20, 2013****0614**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18⅜%	<b>Weekend**</b> 18⅜%	<b>Monthly</b> 18⅜%	<b>Manhattan residents</b> 10⅜%
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City**

For tax period:

**March 1, 2013, through May 31, 2013**

Due date:

**Thursday, June 20, 2013****0314**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an exempt organization, mark an **X** and complete Section A only.

Section A		Section B				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	
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Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**

For tax period:

**December 1, 2012, through February 28, 2013**

Due date:

**Wednesday, March 20, 2013****1213**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City**For tax period:  
**September 1, 2012, through November 30, 2012**Due date:  
**Thursday, December 20, 2012****0913**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an **exempt organization**, mark an **X** and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.



Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)**Taxes on Parking Services  
in New York City**

For tax period:

**June 1, 2012, through August 31, 2012**

Due date:

**Thursday, September 20, 2012****0613**

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an exempt organization, mark an **X** and complete Section A only.

Section A		Section B				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	
<b>Location 2</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	
<b>Location 3</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	
<b>Location 4</b> <input type="checkbox"/> Mark an <b>X</b> if outside Manhattan	Month	Column A <b>Weekday*</b> 18⅜%	Column B <b>Weekend**</b> 18⅜%	Column C <b>Monthly</b> 18⅜%	Column D <b>Manhattan residents</b> 10⅜%	
Address _____						
ZIP code _____						
Maximum daily rate _____	1	.00	.00	.00	.00	
Licensed vehicle capacity _____						
Enter below all license numbers for this facility	2	.00	.00	.00	.00	
	3	.00	.00	.00	.00	
	Total	.00	.00	.00	.00	

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.



New York State Department of Taxation and Finance

**Taxes on Parking Services  
in New York City****Quarterly Schedule N-ATT for  
Part-Quarterly (Monthly) Filers****File as an attachment to Quarterly Schedule N**

For tax period:

**March 1, 2012, through May 31, 2012**

Due date:

**Wednesday, June 20, 2012****0313**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b>	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority)

☐ If you are an **exempt organization**, check here and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

For tax period:

December 1, 2011, through February 29, 2012

Due date:

Tuesday, March 20, 2012

1212

<b>Sales tax identification number</b> 	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority) 
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☐ If you are an exempt organization, check here and complete Section A only.

Section A		Section B				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Check here if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Check here if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Check here if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Check here if outside Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 3/8 %	<b>Weekend**</b> 18 3/8 %	<b>Monthly</b> 18 3/8 %	<b>Manhattan residents</b> 10 3/8 %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City**For tax period:  
**September 1, 2011, through November 30, 2011**Due date:  
**Tuesday, December 20, 2011****0912**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b>	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority)
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☐ If you are an **exempt organization**, check here and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan			Column A	Column B	Column C	Column D
Address _____		Month	<b>Weekday*</b> 18 $\frac{3}{8}$ %	<b>Weekend**</b> 18 $\frac{3}{8}$ %	<b>Monthly</b> 18 $\frac{3}{8}$ %	<b>Manhattan residents</b> 10 $\frac{3}{8}$ %
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.

**Taxes on Parking Services  
in New York City**

For tax period:

**June 1, 2011, through August 31, 2011**

Due date:

**Tuesday, September 20, 2011****0612**Include with  
Quarterly Schedule N  
for Part-Quarterly  
(Monthly) Filers  
(Form ST-810.5)

<b>Sales tax identification number</b>	<b>Legal name</b> (Print ID number and name as shown on Form ST-810 or Certificate of Authority)

☐ If you are an **exempt organization**, check here and complete Section A only.

<b>Section A</b>		<b>Section B</b>				
Complete Section A for each facility you operate. Any address listed must include a ZIP code.		Complete Section B for each facility located within Manhattan. Attach additional photocopied sheets or forms, if needed.				
<b>Location 1</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 2</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 3</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00
<b>Location 4</b> <input type="checkbox"/> Check here if <b>outside</b> Manhattan		Month	Column A <b>Weekday*</b> 18 $\frac{3}{8}$ %	Column B <b>Weekend**</b> 18 $\frac{3}{8}$ %	Column C <b>Monthly</b> 18 $\frac{3}{8}$ %	Column D <b>Manhattan residents</b> 10 $\frac{3}{8}$ %
Address _____						
ZIP code _____						
Maximum daily rate _____		1	.00	.00	.00	.00
Licensed vehicle capacity _____						
Enter below all license numbers for this facility		2	.00	.00	.00	.00
		3	.00	.00	.00	.00
		Total	.00	.00	.00	.00

\* Weekday means Monday through Friday. \*\* Weekend means Saturday and Sunday.