



**Certification:** I hereby certify that the foregoing statement is true and correct in every particular; that the cigarette tax stamps described above were purchased by the claimant herein for the purpose of affixing them to cigarette packages as required by law; that they are no longer required by the claimant for such purpose, or they are so damaged as to be unfit for use; that no claim has been heretofore presented for the redemption of any of the above described stamps; that no credit for the prepaid sales tax has been heretofore claimed on a sales tax return, and that the refund of the net purchase price of such stamps, including the prepaid sales tax, claimed herein is just and lawfully due from New York State.

Date	Authorized signature	Print name	Official title
Date	Preparer's signature	Preparer's address	

*For department use only*

I certify that I have examined the packages of cigarettes to which the stamps described on this form were attached and have removed or destroyed the stamps in the following quantities and denominations:

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\_\_\_\_\_ (Signature and full title) \_\_\_\_\_ (Date)

*For auditor's use only*

Amount allowed: \$ \_\_\_\_\_ Audited by \_\_\_\_\_ (Examiner) \_\_\_\_\_ (Date)

Approved for payment: \_\_\_\_\_ (Tax technician) Audited by \_\_\_\_\_ (Comptroller) \_\_\_\_\_ (Date)

*For office use only*

Mail your claim form and any related attachments to: **NYS TAX DEPARTMENT  
TDAB FACCTS - CIGARETTE TAX UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227-2992**