



New York State Department of Taxation and Finance

Miscellaneous Tax I/S Unit
W A Harriman Campus
Albany NY 12227

MT-203-MN (1/09)

Use this form to report only transactions for the period
Month \_\_\_\_\_, \_\_\_\_\_

Distributor of Tobacco Products Tax Return

Legal name (corporation, partnership, or individual name)
Employer identification number (EIN)
Trade name
Street
City, state, ZIP code

Business telephone number ( )
Nature of business
Manufacturer Importer
Out-of-state distributor
No business this month
Cancel registration
Amended return

Read Form MT-203-I, Instructions for Form MT-203, before completing this return. Attach Form MT-203-S, Distributor of Tobacco Products Information Schedules, to this return. See Mailing instructions on back. File this copy of the return on or before the 20th day of the following month. This return must be filed even if no tax is due.

Acquisitions of tobacco products (other than snuff) during the month

Table with 3 columns: Line number, A (Number of cigars or pounds of other tobacco products), B (Total wholesale price). Rows 1-3.

Distributions of tobacco products (other than snuff) made during the month on which tax is not due (see instructions)

Table with 3 columns: Line number, Description, Total wholesale price. Rows 4-10.

Computation and payment of tax (complete lines 22 through 35, on the back, before completing line 15)

Table with 3 columns: Line number, Description, Amount. Rows 11-21.

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Form for signature and address information, including Date, Authorized signature, Official title, Signer's e-mail address, Telephone number, Signature of individual or name of firm preparing return, Preparer's address, Preparer's e-mail address, Telephone number.

	A Number of containers of less than one ounce	B Total ounces in containers of one ounce or more (do not round)
<b>Acquisitions of snuff during the month</b>		
22 Total snuff acquired in or sold and shipped or delivered into NYS during the month (from Form MT-203-S, line 19; out of state distributors, see instructions) . . . .	22	

<b>Distributions of snuff made during the month on which the tobacco products tax is not due</b> (see instructions)		
23 Transferred out of state (from Form MT-203-S, Schedule 7, line 31) . . . . .	23	
24 Sold to out-of-state purchasers (from Form MT-203-S, line 35) . . . . .	24	
25 Sold to the United States, its agencies, and instrumentalities . . . . .	25	
26 Sold to Indian nations, tribes, and members . . . . .	26	
27 Sold to others who were exempt from tobacco products tax . . . . .	27	
28 Unfit for use and consumption, or unsalable, or destroyed . . . . .	28	
29 Total quantity for which credit is to be given (add lines 23 through 28) . . . . .	29	

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here

<b>Computation of tax on snuff</b>		
30 Total quantity of snuff subject to tax (subtract line 29 from line 22) . . . . .	30	
31 Total quantity of snuff acquired during the month on which the tobacco products tax has been paid or assumed by another distributor (see instructions) . . . . .	31	
32 Taxable total quantity of snuff (subtract line 31 from line 30) . . . . .	32	
33 New York State tax rate on snuff . . . . .	33	0.96
34 New York State tax on snuff (multiply line 32 by line 33) . . . . .	34	
35 Total (add line 34, columns A and B; enter here and on line 15) . . . . .	35	

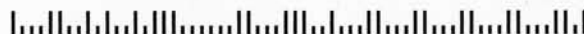
Attach additional sheets if necessary

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**Mailing instructions**

1. Attach check or money order payable in U.S. funds to **Commissioner of Taxation and Finance**.
2. Include on your check or money order **MT-203**, your identification number, and the period covered by this return.
3. Mail your return and payment to the address on the right.

If you are sending your return by a delivery service other than the U.S. Postal Service, do not use the address below. See instructions.



NYS TAX DEPARTMENT  
TOBACCO PRODUCTS TAX  
P O BOX 1833  
ALBANY NY 12201-1833