Preparer's e-mail address

MT-203-MI	٧	(4/09)
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Use this	form to report only transactions for the period
Month	21 22 C2

Distributor of Tobacco Products Tax Return

Le	gal name (corporation, partnership, or individual name) Employer	identification number (EIN)		Business tele	phone number			
Tra	ade name			()				
Str	reet				urer 🗆 Importer			
Cit	City, state, ZIP code				Out-of-state distributor No business this month Cancel registration Amended return			
to th	ad Form MT-203-I, Instructions for Form MT-203, before completing this his return. See Mailing instructions on back. File this copy of the return or is return must be filed even if no tax is due.	return. Attach Form MT-203-t n or before the 20th day of the	S, <i>Distributor of</i> following mont	Tobacco Produ h.	ucts Information Schedul			
Ac	quisitions of tobacco products (other than snuff) duri	ng the month	pounds	A of cigars or s of other products	B Total wholesale price			
1 2 3	Cigar acquisitions (from Form MT-203-S, line 9)	om Form MT-203-S, line 10) quired in or sold, shipped,						
Dis	stributions of tobacco products (other than snuff) mad				see instructions)			
4 5 6 7 8 9	Transferred out of state (from Form MT-203-S, line 24)			5 6 7 8				
Co	mputation and payment of tax (complete lines 22 through	35, on the back, before co	mpleting line	15)				
12	Total wholesale price of tobacco products (other than snuff) subject to tax (subtract line 10 from line 3)							
	Taxable total wholesale price of tobacco products (other than s New York State tax on tobacco products (other than snuff) /see							
15	Total New York State tax on snuff (from line 35)			an action and				
16	Total New York State tax on tobacco products and snuff (add lin	16	7					
17								
18								
19 20	[2] - <u>트</u> 워스 (1985년 1985년 1985년 1985년 1987년 1987년 1987년 1987년 1988년 1980년 1988년 1988년 1988년 1988년 1988년 1988년 1988년 1988년 1988							
21	If line 18 is negative, amount to be credited to next month's return t	[2017] 2 - 1018] 1 - 1018 [1018] 1013 [1018] 1018 [1018] 1018 [1018] 1018 [1018] 1018 [1018] 1018 [1018] 1018		TOTAL PROCESSOR OF THE				
GH/JShr	tification: I certify that this return and any attachments are to the best of		TO THE PARTY OF TH	##C18846-45024				
Dat		Official title	s, solitest, and t		office use only			
Sig	ner's e-mail address	Telephone number						
Dat	Signature of individual or name of firm preparing return	Preparer's address						

Telephone number

Ac	equisitions of snuff during the month		A Number of containers of less than one ounce	Total ounces in containers of one ounce or more (do not round)	
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)					
Di	stributions of snuff made during the month on which the tobacco	produ	cts tax is not due (s	ee 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			Fo
26	Sold to Indian nations, tribes, and members	26	Į.		he
27	27 Sold to others who were exempt from tobacco products tax				
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			
Co	emputation of tax on snuff				
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		and the second			
33	Control of the Contro	100	0.96	0.96	
34	New York State tax on snuff (multiply line 32 by line 33)	34	100 100 100 100 100 100 100 100 100 100		
35	Total (add line 34, columns A and B; enter here and on line 15)	35			

Attach additional sheets if necessary

Fold here

Mailing instructions

- 1. Attach check or money order payable in U.S. funds to *Commissioner of Taxation and Finance*.
- Include on your check or money order MT-203, your identification number, and the period covered by this return.
- 3. Fold this form on lines indicated in margin and insert in the enclosed envelope, DTF-999.9.
- Make sure the address to the right shows through the envelope window.

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.



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