

Transaction Desk Audit Bureau — FACCTS/Cigarette Tax **Expedited Claim for Refund for**



Indian Tax-Exempt Cigarette Sales

Tax Law — Sections 471, 471-e, and 1121

Use Form CG-114-E only for refunds of Indian tax-exempt cigarette sales. See Form CG-114-E-I for instructions before completing this form.

Legal name of claimar	nt				Employer identification number (EIN)	Agent's license number		
Street address					Social security number	Check all that apply:		
City State Z		tate ZIP c	P code NYS sa		es tax identification number	ultragent wholesaler		
	Column A	mn A Column B Col		mn C	Column D	Column E Prepaid sales tax paid (B × C)		
Date stamps were purchased (mm-dd-yyyy)	Cig tax stamp denomination (see instructions)	Prepaid sales tax per pack (see instructions)	Number of stamps		Cigarette tax paid (A × C)			
	4.35							
	5.4375							
Totals								
	ax paid (from Colu	ımn D)			!	1.		
•	•	,						

For prior approval sales, complete the schedule on the back.

Caution: Read this certification before signing. Presenting a false or fraudulent claim constitutes a felony (Penal Law, section 175.35).

Certification: I hereby certify that the foregoing statement is true and correct in every particular; that the cigarette tax stamps described above were affixed to cigarette packages as required by law; that the packages of cigarettes to which such stamps were affixed were sold to Indian nations or tribes and reservation cigarette sellers; that the claimant either accepted Indian tax exemption coupons or received prior approval for the sale(s) from the Tax Department; that the cigarettes were brought or delivered to the purchaser's qualified reservation; 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 purchase price of such stamps, including the prepaid sales tax, claimed herein is just and lawfully due from New York State.

Authorized			Signature of authorized person			Official title		
person	E-mail address of authorized person			Te (lephone n)	umber		Date
Paid	Firm's name (or yours if self-employed)			Firm's EIN			Prepa	rer's PTIN or SSN
preparer use	Signature of individual preparing this claim	Addres	s		City	Sta	ate	ZIP code
only (see instr.)	E-mail address of individual preparing this claim	·	Telephone number		Preparer	's NYTPRIN		Date

Attach additional sheets as necessary.

Prior approval sales

Reporting confirmation number	Purchaser's name
1	

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