New York State Department of
Taxation and Finance
Miscellaneous Tax I/S Unit
W A Harriman Campus
Albany NY 12227

MT-203-MN

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

Distributor of Tobacco Products Tax Return

Taxpayer ID:

Identification number	Legal name (corporation, partnership, or individual name)
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. 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 during the month

Round lines 1 - 13 to the nearest dollar.

You must report all acquisitions of tobacco products received during the month. Enter the number of cigars and the pounds of tobacco products other than cigars obtained from all sources (that is, purchased or otherwise acquired in New York State, or purchased or otherwise acquired, shipped, or delivered into New York State) during the month. Enter the total wholesale price for the cigars and other tobacco products acquired during the month.

		A Number of cigars or pounds of other tobacco products	B Total wholesale price	
1. Cigar acquisitions *(from Schedule 1 on back; see instructions)*	1			00
2. Tobacco products (other than cigars) acquisitions *(from Schedule 1 on back; see instructions)*	2			00
3. Total wholesale price of tobacco products acquired in or sold, shipped, or delivered into NYS during month *(add lines 1 and 2)*	3			00

Distributions of tobacco products made during the month on which the tobacco products tax is not due

4. Transferred out of state *(from Schedule 2 on back; see instructions)*	4		00
5. Sold to customers out of state *(from Schedule 3 on back; see instructions)*	5		00
6. Sold to the United States, its agencies, and instrumentalities	6		00
7. Sold to Indian nations, tribes, and individuals	7		00
8. Sold to others who were exempt from tobacco products tax	8		00
9. Unfit for use and consumption or unsalable or destroyed *(see instructions)*	9		00
10. Total wholesale price for which credit is to be given *(add lines 4 through 9)*	10		00

Computation and payment of tax

11. Total wholesale price of tobacco products subject to tax *(subtract line 10 from line 3)*	11		00
12. Total wholesale price of tobacco products acquired during the month on which the tobacco products tax has been paid or assumed by another distributor *(see instructions)*	12		00
13. Taxable total wholesale price of tobacco products *(subtract line 12 from line 11)*	13		00
14. New York State tobacco products tax *(multiply line 13 by 37% (.37); enter result)*	14		
15. Adjustments from prior returns, if applicable *(see instructions)*	15		
16. New York State tobacco products tax due *(subtract line 15 from line 14)*	16		
17. Penalty and interest *(see instructions)*	17		
18. Total amount due *(add lines 16 and 17)* **Remit this amount** *(see* **Mailing instructions** *on back)*	18		
19. If line 16 is negative, amount to be credited to next month's return *(see instructions)*	19		

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

Date	Authorized signature	Official title	Telephone number ( )
Date	Signature of individual or name of firm preparing return	Preparer's address	

Change of business information - If your business name, employer identification number, mailing address, business address, telephone number, or owner/officer information has changed, you must complete Form DTF-95, *Business Tax Account Update.* If only your address has changed, you may file Form DTF-96. You can get these forms by calling toll free 1 800 462-8100. From areas outside the U.S. and outside Canada, call (518) 485-6800.

For office use only

Schedule 1 - Suppliers of tobacco products - Enter the name, address, and telephone number of all suppliers from whom you purchased tobacco products during the month. Check the appropriate box to indicate if the tobacco products were purchased tax free from your supplier. Enter the total number of cigars or the total number of pounds of other tobacco products purchased from each supplier. Enter the wholesale price of the cigars and other tobacco products.

Note: An appointed out-of-state distributor (authorized by the Commissioner of Taxation and Finance to make returns and pay the tobacco products tax due on tobacco products sold, shipped, or delivered by such person to any person in New York State) is not required to complete Schedule 1.

	Name and address of supplier	Telephone number	Purchased tax free from supplier	Cigars Quantity *(number)*	Cigars Wholesale price	Other tobacco products Quantity *(pounds)*	Other tobacco products Wholesale price
1		( )	☐ Yes ☐ No				
2		( )	☐ Yes ☐ No				
3		( )	☐ Yes ☐ No				
4		( )	☐ Yes ☐ No				
5		( )	☐ Yes ☐ No				
6		( )	☐ Yes ☐ No				

Totals *(enter here and on line 1, columns A and B, on front)* ..... $_____

Totals *(enter here and on line 2, columns A and B, on front)* ..... $_____

Schedule 2 - Transfer of product - Enter the name and address of each of your out-of-state locations to which you transferred any tobacco products during the month. Enter the number of cigars and the pounds of other tobacco products transferred to each location. Enter the wholesale price of the cigars and other tobacco products.

	Name and address of out-of-state business location	Cigars Quantity *(number)*	Cigars Wholesale price	Other tobacco products Quantity *(pounds)*	Other tobacco products Wholesale price
1					
2					
3					
4					
5					

Subtotals ..... $_____ ..... $_____

Total *wholesale price* **of cigars and other tobacco products** *(enter here and on line 4, on front)* ..... $_____

Schedule 3 - Sold to out-of-state purchaser - Enter the name and address of each of your out-of-state purchasers to which you sold or otherwise transferred any tobacco products during the month. Enter the number of cigars and the pounds of other tobacco products sold or transferred to each out-of-state purchaser. Enter the wholesale price of the cigars and other tobacco products.

	Name and address of out-of-state purchaser	Cigars Quantity *(number)*	Cigars Wholesale price	Other tobacco products Quantity *(pounds)*	Other tobacco products Wholesale price
1					
2					

Subtotals ..... $_____ ..... $_____

Total *wholesale price* **of cigars and other tobacco products** *(enter here and on line 5, on front)* ..... $_____

Attach additional sheets if necessary.

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