

Department of Taxation and Finance

## Claim for Redemption/Refund of Cigarette Tax Stamps and Prepaid Sales Tax Transaction and Desk Audit Bureau — FACCTS/Cigarette Tax

Tax Law — Sections 476 and 1121

Legal name of claimant					Employer identification number (EIN)		Agent's license number		
Street address					Social Security number		Mark all that app	Mark all that apply:	
							agent chain store		
City		State	ZIP cod	de NYS sa	ales tax identification number		wholesaler	retailer	
							wholesaler retailer		
Part 1 — Clain	n for redemn	tion of unuse	ed or damaged	cigarette tax st	amns and nrer	paid sales tax - S	tamning agents	only	
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	
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)	Commission rate	Commission amount (D × E)	Cigarette tax paid less commission (D - F)	Prepaid sales tax paid (B × C)	
	5.35 state								
	5.35 state								
	5.35 joint								
	5.35 joint								
	6.6875 state								
	6.6875 joint								
Totals									
	ette tax paid l	ess commission	on (from column	G)			1.		
1 Total cigare			•	*					
<ol> <li>Total cigare</li> <li>Total prepare</li> </ol>	aid sales tax p	oaid (from colur	mn H)				2.		
<ol> <li>Total cigare</li> <li>Total prepa</li> <li>Total reder</li> </ol>	aid sales tax p	paid <i>(from colun</i> sted <i>(add lines</i> :	mn H) 1 and 2)				2.		
<ol> <li>Total cigare</li> <li>Total prepa</li> <li>Total reder</li> </ol>	aid sales tax propertion reques	paid (from colun sted (add lines for stamps af	nn H) 1 and 2) fixed to packa	ges of cigarette	s and prepaid	sales tax	2. 3.	Column H	
<ol> <li>Total cigare</li> <li>Total prepa</li> <li>Total reder</li> </ol> Part 2 — Clain Date stamps	aid sales tax p	paid <i>(from colun</i> sted <i>(add lines</i> :	mn H) 1 and 2)		s and prepaid		2.	Column H Prepaid sales tax	
<ol> <li>Total cigare</li> <li>Total prepa</li> <li>Total reder</li> </ol> Part 2 — Clain	aid sales tax propertion reques	paid (from colun sted (add lines for stamps af Column B	mn H) 1 and 2) fixed to packag	ges of cigarette	s and prepaid	sales tax Column F	2. 3. Column G		
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**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:										
	(Date)									
For auditor's use	only									
Amount allowe	ed: \$	Audited by _	(Examiner)	(Date)						
Approved for p	payment:		(Comptroller)							
	(Tax technicia	an)	(Comptroller)	(Date)						
For office use only										
		. 6. 666 4.66 6,								

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