



Claim for Redemption/Refund of Cigarette Tax Stamps and Prepaid Sales Tax

Tax Law — Sections 476 and 1121

See Form CG-114-I for instructions before completing this form, and for information on reimbursement of the New York City tax.

Form fields for claimant information: Legal name of claimant, Employer identification number (EIN), Agent's license number, Street address, Social security number, City, State, ZIP code, NYS sales tax identification number, and checkboxes for agent, chain store, wholesaler, and retailer.

Part 1 — Claim for redemption of unused or damaged cigarette tax stamps and prepaid sales tax - Stamping agents only

Table with 9 columns: Date stamps were purchased, Column A (Cig tax stamp denomination), Column B (Prepaid sales tax per pack), Column C (Number of stamps), Column D (Cigarette tax paid), Column E (Commission rate), Column F (Commission amount), Column G (Cigarette tax paid less commission), and Column H (Prepaid sales tax paid). Rows include denominations like 4.35 state, 4.35 joint, 5.4375 state, and 5.4375 joint.

Summary table with 3 rows: 1 Total cigarette tax paid less commission (from Column G), 2 Total prepaid sales tax paid (from Column H), and 3 Total redemption requested (add lines 1 and 2).

Part 2 — Claim for refund for stamps affixed to packages of cigarettes and prepaid sales tax

Table with 9 columns: Date stamps were purchased, Column A (Cig tax stamp denomination), Column B (Prepaid sales tax per pack), Column C (Number of stamps), Column D (Cigarette tax paid), Column E (Commission rate), Column F (Commission amount), Column G (Cigarette tax paid less commission), and Column H (Prepaid sales tax paid). Rows include denominations like 4.35 state, 4.35 joint, 5.4375 state, and 5.4375 joint.

Summary table with 3 rows: 4 Total cigarette tax paid less commission (from Column G), 5 Total prepaid sales tax paid (from Column H), and 6 Total refund requested (add lines 4 and 5).

Part 3 — Total redemption/refund requested (add lines 3 and 6)

Caution: Read and sign certification on back. Presenting a false or fraudulent claim constitutes a felony (Penal Law, section 175.35).

Attach additional sheets as necessary.

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:

_____ (Signature and full title) _____ (Date)

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**