

Department of Taxation and Finance

Cigarette Stamping Agent Certification of Compliance with Tax Law Article 20

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			(7	/24)

Transaction and Transfer Tax Bureau FACCTS/Cigarette Tax

This certification covers the period// through August 31, 2025.							
Cigarette stamping agent identification (type or print)							
Legal name of cigarette stamping agent			Employer	identification number (EIN)			
Mailing address (number and street or PO Box)			City or to	wn			
State or province	ZIP code	Telephone number (include are	ea code)	Email address			
		()					

Certification

I certify, in good faith and under penalty of perjury, that none of the unstamped packages of cigarettes the above named cigarette stamping agent purchases will be resold by the agent in violation of Tax Law Article 20 or in violation of any rule or regulation adopted pursuant to Article 20.

Specifically, I certify that the agent:

- will not resell unstamped packages of cigarettes in or into New York State, except as specifically authorized by law;
- will not affix stamps to packages of cigarettes unless the agent has received a Form CG-30, *Certification of Tobacco Master Settlement Agreement Status,* from the manufacturer of such cigarettes for the current Tobacco Master Settlement Agreement certification period;
- · will not affix stamps to packages of cigarettes that have not been certified or marked as fire safe; and
- will only make tax exempt sales of stamped packages of cigarettes to Indian nations or tribes (other than the Oneida Indian Nation of New York), or to reservation cigarette sellers, to the extent the agent has received Indian tax exemption coupons or prior approval from the Tax Department.

I have listed on page 2 of this certification all manufacturers or other persons from whom the agent will purchase or otherwise acquire unstamped packages of cigarettes and that the agent has provided such manufacturers or other persons with a copy of page 1 of this certification.

Before the agent purchases unstamped packages of cigarettes from a manufacturer or other person not listed on page 2 of this certification, the agent will amend this certification with the Tax Department, provide an updated list that includes such manufacturer or other person to the Tax Department, and provide a copy of page 1 of the amended certification to such manufacturer or other person.

I also certify that this certification applies to each of the agent's purchases for the entire period covered by the certification. **This** certification remains in effect until August 31, 2025. The agent must execute a new certification annually on or before September 1.

Under penalty of perjury, I declare that the statements contained in this certification are true, correct, and complete, and that I am the

(proprietor, general partner, officer, etc.) of a _____, a person authorized to bind the agent making this _____, the agent making this ______, a person authorized to bind the agent making this ______, a person authorized to bind the agent making this ______, a person authorized to bind the agent making this ______, a person authorized to bind the agent making this ______, a person authorized to bind the agent making this _______, a person authorized to bind the agent making this _______, a person authorized to bind the agent making this _______, a person authorized to bind the agent making this _______.

certification either under the laws of NYS or of the jurisdiction where the agent resides or is organized. This certification is made to induce tobacco product manufacturers to sell unstamped packages of cigarettes to the above-named agent for the purpose of resale in or into NYS. I recognize that manufacturers are relying on this certification.

Authorized signature	Title				
Printed name		Date			
State of New York } } SS.:					
County of }					
On the day of in the year 20, before me personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to within the foregoing instrument and acknowledged to me that they executed the same in their capacity(ies), and that by their signature(s) on the instrument, the individual(s), or the corporation, partnership, LLC upon behalf of which the individual(s) acted, executed the instrument.					
Notary Public	Registration number				

If sworn or acknowledged outside of NYS, see Form CG-213-I, Instructions for Form CG-213.

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A Name and address of manufacturer or other person from whom the agent will purchase or otherwise acquire unstamped packages of cigarettes	B Manufacturer's EIN

Any agent who purchases unstamped packages of cigarettes from any person, including, but not limited to, a tobacco product manufacturer, **must** complete this certification prior to such purchase, if it is intended for resale in or into New York State (NYS). The agent **must** provide that person and the Tax Department with this certification indicating that the purchased cigarettes will **not** be resold in violation of Tax Law Article 20.

File both pages (1 and 2) of the certification with the Tax Department. Provide page 1 to each manufacturer or other person from whom you will purchase unstamped packages of cigarettes.