



# Schedule B — Cigarette Packages Stamped During the Month

## Transaction and Transfer Tax Bureau FACCTS/Cigarette Tax

Read instructions for Parts I and II carefully (Form CG-5/6-ATT-I).

**This form must be attached to your monthly report, either Form CG-5 or CG-6.**

|               |   |   |
|---------------|---|---|
| Name of agent | Federal employer identification number (FEIN) | Filed with report for the calendar Month: _____ Year: _____ |
|---------------|---|---|

### Part I — Direct purchases

#### Section A — Participating manufacturers

Cigarette packs purchased directly from participating manufacturers to which you affixed New York State tax stamps this month.

| Column A<br>Name and address of manufacturer | Column B<br>Manufacturer's FEIN | Column C<br>Number of packs you affixed with New York State tax stamps |                             |
|--|---------------------------------|--|-----------------------------|
|  |                                 | Packs of 20 cigarettes   | Packs of 21 - 25 cigarettes |
|  |                                 |  |                             |
|  |                                 |  |                             |
|  |                                 |  |                             |
|  |                                 |  |                             |
|  |                                 |  |                             |
|  |                                 |  |                             |
|  |                                 |  |                             |

1. Total packs listed in Part I, Section A .....

#### Section B — Non-participating manufacturers

Cigarette packs purchased directly from non-participating manufacturers to which you affixed New York State tax stamps this month.

| Column A<br>Name and address of manufacturer | Column B<br>Manufacturer's FEIN | Column C<br>Brand(s) of cigarettes | Column D<br>Number of packs you affixed with New York State tax stamps |                             |
|--|---------------------------------|------------------------------------|--|-----------------------------|
|  |                                 |                                    | Packs of 20 cigarettes   | Packs of 21 - 25 cigarettes |
|  |                                 | -----                              | -----  | -----                       |
|  |                                 | -----                              | -----  | -----                       |
|  |                                 | -----                              | -----  | -----                       |
|  |                                 | -----                              | -----  | -----                       |
|  |                                 | -----                              | -----  | -----                       |
|  |                                 | -----                              | -----  | -----                       |
|  |                                 | -----                              | -----  | -----                       |

2. Total packs listed in Part I, Section B .....

3. Total packs listed on attached additional Part I, Section A sheets .....

4. Total packs listed on attached additional Part I, Section B sheets .....

5. Total packs listed in Part II, line 9 .....

6. Total number of cigarette packs stamped (add lines 1 through 5). These amounts must match the total number of tax stamps required to be affixed to each pack size as shown on Form CG-5, Part III, line 13, or Form CG-6, Part II, line 16. ....

