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

**Part I(A) - Sales and transfers** — include all sales and transfers of unstamped cigarettes (sticks) to persons located within New York State except sales to the Oneida Nation of New York.

<table>
<thead>
<tr>
<th>Name, address, and FEIN of each person to whom unstamped cigarettes were sold</th>
<th>Enter number of cigarettes (sticks) in the appropriate column(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 packs</td>
<td>25 packs</td>
</tr>
<tr>
<td>___ packs</td>
<td>___ packs</td>
</tr>
</tbody>
</table>

**Part I(B) - Sales to the Oneida Nation of New York**

<table>
<thead>
<tr>
<th>Name, address, and FEIN of each Oneida Nation of New York business to which unstamped cigarettes were sold</th>
<th>Enter number of cigarettes (sticks) in the appropriate column(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 packs</td>
<td>25 packs</td>
</tr>
<tr>
<td>___ packs</td>
<td>___ packs</td>
</tr>
</tbody>
</table>

**Total of Parts I(A) and I(B)** (enter here and on Part III, line 1, below) ………

**Part II - Returns** — include all unstamped cigarettes that were returned to a manufacturer located within New York State.

<table>
<thead>
<tr>
<th>Name, address, and FEIN of each manufacturer to which unstamped cigarettes were returned</th>
<th>Enter number of cigarettes (sticks) in the appropriate column(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 packs</td>
<td>25 packs</td>
</tr>
<tr>
<td>___ packs</td>
<td>___ packs</td>
</tr>
</tbody>
</table>

**Totals** (enter here and on Part III, line 2, below) ………

**Part III - Total sales, transfers, and returns**

<table>
<thead>
<tr>
<th>Enter number of cigarettes (sticks) in the appropriate column(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 packs</td>
</tr>
<tr>
<td>___ packs</td>
</tr>
</tbody>
</table>

1. Total sales and transfers from Parts I(A) and I(B) ………
2. Total returns from Part II ………
3. **Totals** (add lines 1 and 2; enter here and on Form CG-6, Part I, line 8) ………

*Attach a copy of this schedule to each Form CG-6.*
**Who must file this schedule**

You must file Form CG-6.3, Schedule D, if you are a resident cigarette agent (located within New York State) who has:

- sold unstamped cigarettes to customers located within New York State; or
- returned unstamped cigarettes to a manufacturer or others located within the state.

**Note:** Cigarette packages stamped with another state’s stamps are considered unstamped for New York State tax purposes.

A copy of Schedule D must be attached to each Form CG-6, Resident Agent Cigarette Tax Report, that you are required to file on or before the 15th day of the month following the month being reported.

**Note:** Except for sales to the Oneida Nation of New York, all packages of cigarettes sold to Indian nations or tribes and reservation cigarette sellers located on reservations in New York State are required to have New York tax stamps affixed to them. Report these sales of cigarettes on Form CG-5.4/6.4, Schedule E — Sale of Cigarettes to Indian Nations or Tribes or Reservation Cigarette Sellers. For sales to the Oneida Nation of New York, see the instructions for Part I(B).

**Tax period and taxpayer identification**

Enter your legal name and your federal employer identification number (FEIN).

Enter the month and year of the period covered by this schedule.

**Part I(A) — Sales and transfers**

Enter the name, address, and FEIN of each customer located within New York State, including New York State governmental entities, to whom unstamped cigarettes were sold during the period covered by the report. For each customer listed, indicate in the appropriate column the number of cigarettes (sticks) sold or transferred.

Include sales to other New York State cigarette stamping agents for resale outside the state.

Do not include sales to U.S. agencies located within New York State on this schedule. These sales should be reported on line 6 of Form CG-6.

**Part I(B) — Sales to the Oneida Nation of New York**

Enter the name, address, and FEIN of each Oneida Nation of New York business to which unstamped cigarettes were sold during the period covered by the report. For each customer listed, indicate in the appropriate column the number of cigarettes (sticks) sold.

**Part II — Returns**

Enter the name, address, and FEIN of each cigarette manufacturer located within New York State to which unstamped cigarettes were returned during the period covered by the report. For each manufacturer listed, indicate in the appropriate column the number of cigarettes (sticks) returned.

**Part III — Total sales, transfers, and returns**

**Line 1** — Enter the total number of cigarettes (sticks) from Part I in the appropriate columns.

**Line 2** — Enter the total number of cigarettes (sticks) from Part II in the appropriate columns.

**Line 3** — Add the amounts in each column. Enter the totals here and on Form CG-6, Part I, line 8.

**Need help?**

Visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features

**Telephone assistance**

**Miscellaneous Tax Information Center:** (518) 457-5735

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.