



**Schedule D-1**

**Sale of Cigarettes to Dealers/Vendors on American Indian Reservations**

Transaction and Transfer Tax Bureau — FACCTS/Cigarette Tax

<p><b>Attach this schedule</b> to your Form CG-5, <i>Nonresident Agent Cigarette Tax and Prepaid Sales Tax Return</i>, or Form CG-6, <i>Resident Agent Cigarette Tax and Prepaid Sales Tax Return</i></p>	<p>Filed with return for the calendar          Month: _____ Year: _____</p>
Name	Federal identification number
Street address	Agent license number
City State ZIP code	New York State sales tax identification number
<b>List below all sales of cigarettes to Dealers/Vendors on American Indian Reservations</b>	
Social security number	

Name and address of dealer/business	Federal employer identification number/social security number (include nation or tribe exempt organization number, if applicable)	Total number of taxable cigarettes sold (sticks)				Total number of nontaxable cigarettes sold (sticks)				Total number of taxable and nontaxable cigarettes sold			
		10s	20s	25s	Misc.	10s	20s	25s	Misc.	10s	20s	25s	Misc.
<b>Totals</b>						*	*	*	*				

\* Enter this amount on Form CG-5, line 7 or Form CG-6, line 9.