



New York State Department of Taxation and Finance
Nonresident Agent Cigarette Tax Report
 Transaction and Transfer Tax Bureau
 FACCTS/Cigarette Tax

CG-5
(1/00)

(To be completed by agents located outside New York State)

File in duplicate

File this report each month on or before the 15th day of the following month. Keep a copy for your records.

Note: You must have approval from the New York State Tax Department to file for any period other than a calendar month.

If approval was granted, enter your filing period here: _____

Change of business information - If there have been any changes in your business name, ID number, mailing address, business address, telephone number, or owner/officer information, complete Form DTF-95, <i>Change of Business Information</i> . For forms, call toll free 1 800 462-8100. From areas outside the U.S. and outside Canada, call (518) 485-6800.	Enter name and address if not preprinted: _____ _____ _____	Period covered by this report: Month: _____ Year: _____ Federal identification number: _____ Agent's license number: _____ NYS sales tax identification number: _____ Social security number: _____
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Report of NYS stamped cigarettes

		Enter number of cigarettes in the appropriate columns.			
		10s	20s	25s	Misc.
1	Inventory of stamped cigarettes at beginning of the month	1			
2	Number of cigarettes stamped during the month	2			
3	Received with New York State stamps affixed <i>(from schedule on the back)</i>	3			
4	Total <i>(add lines 1, 2, and 3)</i>	4			
5	Inventory of stamped cigarettes at end of the month	5			
6	Number of stamped cigarettes sold during the month <i>(subtract line 5 from line 4)</i>	6			

Sales of unstamped cigarettes

		10s	20s	25s	Misc.
7	Sales to vendors for sale on American Indian reservations <i>(attach Form CG-7.1, Schedule D-1)</i>	7			
8	Exempt sales of unstamped cigarettes in New York State during the month <i>(from Schedule D on back)</i>	8			
9	Total sales of unstamped cigarettes <i>(add lines 7 and 8)</i>	9			

Report of NYS cigarette stamps

		Tax stamps for 10 packs.		Tax stamps for 20 packs		Tax stamps for 25 packs	
		State only	Joint	State only	Joint	State only	Joint
10	Inventory of unaffixed stamps at beginning of the month	10					
11	Stamps purchased during the month	11					
12	Total <i>(add lines 10 and 11)</i>	12					
13	Inventory of unaffixed stamps at end of the month	13					
14	Stamps used for the month <i>(subtract line 13 from line 12)</i>	14					
15	Stamps required to be used for the month <i>(divide line 2 by the number of cigarettes in each package)</i>	15					
16	Difference <i>(explain on line 17 on the back)</i>	16					

I hereby certify that this is a true and complete report to the best of my knowledge and belief.

Date	Authorized signature	Official title
Date	Signature of individual or firm preparing this report	Preparer's address

