



Resident Agent Cigarette Tax and Prepaid Sales Tax Return

Transaction and Transfer Tax Bureau
FACCTS/Cigarette Tax

File in Duplicate

File this return 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 Canada, call (518) 485-6800.	Enter name and address if not preprinted	Period covered by this return: Month: _____ Year: _____
		Federal identification number
		Agent's license number
		NYS sales tax identification number
		Social security number

Report of Unstamped Cigarettes	Enter number of cigarettes in the appropriate columns			
	10's	20's	25's	Misc.
1 Unstamped cigarettes on hand at beginning of month	1			
2 Unstamped cigarettes manufactured, purchased, or otherwise acquired during the month (from Schedule A on back)	2			
3 Total (add lines 1 and 2)	3			
4 Unstamped cigarettes on hand at end of month	4			
5 Balance (subtract line 4 from line 3)	5			
6 Sales to agencies of the United States	6			
7 Sales and transfers to customers outside New York State (attach Form CG-112.3, Schedule C)	7			
8 Sales and transfers to customers inside New York State (from Schedule D on back)	8			
9 Sales and transfers to dealers/vendors for sale on Indian Reservations (attach Form CG-7.1, Schedule D-1)	9			
10 Total sales of unstamped cigarettes (add lines 6 through 9)	10			
11 Balance to be accounted for (subtract line 10 from line 5)	11			

For office use only

Report of NYS Cigarette Stamps (Use quantity and not face value of stamps)	Tax stamps for 10 packs		Tax stamps for 20 packs		Tax stamps for 25 packs	
	28¢ State only	28¢ Joint	56¢ State only	56¢ Joint	70¢ only	70¢ Joint
12 Inventory of unaffixed stamps at beginning of the month	7¢ prepaid sales tax	7¢ prepaid sales tax	15¢ prepaid sales tax	15¢ prepaid sales tax	19¢ prepaid sales tax	19¢ prepaid sales tax
13 Stamps purchased during the month	13					
14 Total (add lines 12 and 13)	14					
15 Inventory of unaffixed stamps at end of the month	15					
16 Stamps used for the month (subtract line 15 from line 14)	16					
17 Stamps required to be used for the month (number of cigarette packages stamped)	17					
18 Difference (subtract line 17 from line 16; explain on line 19 on back)	18					

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

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

