



New York State Department of Taxation and Finance

W A Harriman Campus Albany NY 12227

MT-203

Use this form to report only transactions for the period Month \_\_\_\_\_, 19\_\_\_\_

Distributor of Tobacco Products Tax Return

Taxpayer ID:

Identification number, Legal name, Trade name, Street, City, State, ZIP code

If there are any changes in your business name, identification number, mailing address, phone number or owner/officer/responsible person information, complete Form DTF-95, Change of Business Information.

File this copy of the return on or before the 20th day of the following month.

Read Form MT-203-I, Instructions for Form MT-203, before completing this return.

Tobacco products to be accounted for during the month

Round lines 1 - 13 to the nearest dollar.

Table with 3 columns: A Number of cigars, B Pounds of tobacco, C Total wholesale price. Rows 1-3 for tobacco products.

Distributions made during the month on which tax is not due

Table with 3 columns: Description, A, B, C. Rows 4-10 for distributions.

Tax Computation

Table with 3 columns: Description, A, B, C. Rows 11-19 for tax computation.

Certification

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

Date, Authorized signature, Title, Signature of individual or name of firm preparing return, Telephone number, Preparer's address

For Office Use Only

**Schedule 1 - Suppliers of Tobacco Products** - List the name, address and telephone number of all suppliers from whom you purchased tobacco products during the month.

Mark an "X" in the box if you imported tax-free tobacco products from the supplier during the month and you are responsible for the tax.

	Name	Address		Telephone Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Fold here

Fold here

**Schedule 2 - Transfer of Product** - List the address of each of your out-of-state locations to which you transferred tobacco products during the month. Also indicate the type and quantity of the product transferred.

	Address	Type	Quantity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Fold here

Fold here

Attach additional sheets if necessary.

**Mailing Instructions**

1. Attach check or money order payable, in U.S. funds, to *Commissioner of Taxation and Finance*.
2. Include on your check or money order your identification number, *MT-203* and the period covered by this return.
3. Fold this form on lines indicated in margin and **insert in the enclosed envelope**, DTF-999.9.
4. Make sure the address to the right shows through the envelope window.

Make sure this address shows through envelope window.



NYS TAX DEPARTMENT  
 TOBACCO PRODUCTS TAX  
 P O BOX 1833  
 ALBANY NY 12201-1833

