

Department of Taxation and Finance

Distributor of Tobacco Products Tax Return

MT-203

File each month on or before the 20th day of the	Period covered by this return						
			From (mm/dd/yy):	to (mm/dd/yy):			
Taxpayer identification number			Business telephone number				
Legal name			Mark an X in the applicable boxes:				
			Nature of business:	Reason for filing:			
Mailing address (number and street or PO Box)			Manufacturer Manufacturer	No business this month			
City	State	ZIP code	☐ Importer	Cancel registration			
City	State	ZIF code	Out-of-state distributor	Amended return			

If you need to update your address or phone information, you can do so online. See Change of business information in the instructions.						
Before completing this return, read Form MT-203-I, <i>Instructions for Form MT-203</i> . Attach Form MT-203-S, <i>Distributor of Tobacco Products Information Schedules</i> , to this return. See <i>Mailing instructions</i> on page 2.						
This return must be filed even if no tax is due.						
Part 1 – Tobacco products						
Acquisitions of tobacco products (other than little cigars and snuff) during the month	A Number of cigars or pounds of other tobacco products	B Total wholesale price				
1 Cigar acquisitions other than little cigars (from Form MT-203-S, line 9)						
3 Total wholesale price of tobacco products (other than little cigars and snuff) acquired in or delivered into NYS during the month (add column B, lines 1 and 2)						
Distributions of tobacco products (other than little cigars and snuff) made du (see instructions)	ring the month on wl	nich tax is not due				
4 Transferred out of state (from Form MT-203-S, line 34)	4					
5 Sold to out-of-state purchasers (from Form MT-203-S, line 38)		-				
6 Sold to the United States, its agencies, and instrumentalities						
7 Sold to Indian nations, tribes, and members		-				
8 Sold to others who were exempt from tobacco products tax						
9 Unfit for use and consumption, or unsalable, or destroyed						
10 Total wholesale price for which credit is to be given (add lines 4 through 9)	10					

For office use only



Legal name	Taxpayer identification number	Period covered by this return			
		From (mm/dd/yy):	to (mm/dd/yy):		

Computation and payment of tax (combine lines 23 through 50, on page 3, before completing line 15 and 16)

11	Total wholesale price of tobacco products (other than little cigars and snuff) subject to tax (subtract line 10 from line 3)	11	
12	Total wholesale price of tobacco products (other than little cigars and snuff) acquired during the month on which the tobacco products tax has been paid or assumed by another distributor (from Form MT-203-S, line 6)	12	
13	Taxable total wholesale price of tobacco products (other than little cigars and snuff) (subtract line 12 from line 11)	13	
14	New York State tax on tobacco products (other than little cigars and snuff) (multiply line 13 by 75% (.75); enter the result)	14	
15	New York State tax on snuff (from line 36; if none, enter 0)	15	
	New York State tax on little cigars (from line 50; if none, enter 0)		
17	New York State tax on tobacco products, little cigars, and snuff (add lines 14, 15, and 16)	17	
18	Overpayment credited from prior month's return, if applicable	18	
	New York State tobacco products tax due (subtract line 18 from line 17)		
	Penalty and interest (see instructions)		
	Total amount due (add lines 19 and 20). Remit this amount (see Mailing instructions below)		
22	If line 19 is negative, amount to be credited to next month's return (see instructions)	22	

Third – party	Yes No Designee's name (print)		Designee's phone number (
designee	Designee's email address				
(see instructions)	2009.000 0.000.000	PIN			

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

	Printed name of authorized person	Signature of authorized person		Official ti	tle			
Authorized							_	
person	Email address of authorized person			Telephone no	umber		Date	
Paid	Firm's name (or yours if self-employed)		Firm's EIN		Prepar	Preparer's PTIN or SSN		
preparer	Ciarant and of individual annualism this actions	A -l -l		0:	·	C4-		7IDI-
use	Signature of individual preparing this return	Address	City		Sta	State ZIP code		
only	Email address of individual preparing this return		Prepare	r's NYTPRIN	or	Excl. code	Date	
(see instr.)	1 1 3				1			

Mailing instructions

- 1. Attach check or money order payable in U.S. funds to *Commissioner of Taxation and Finance.*
- Write on your check or money order MT-203, your identification number, and the period covered by this return.

Mail your return and payment to the address on the right.

If you are sending your return by a delivery service other than the U.S. Postal Service, do not use the address below. See *Private delivery services* in the instructions.

NYS TAX DEPARTMENT TOBACCO PRODUCTS TAX PO BOX 15197 ALBANY NY 12212-5197



Leç	egal name Taxpayer identification number Period covered by this return					
			From (mm/dd/	/yy):	to (mr	m/dd/yy):
Pa	rt 2 – Snuff			Α		В
Ac	quisitions of snuff during the month			Number of containers of less than one ounce	5	Total ounces in containers of one ounce or more (do not round)
23	Total snuff acquired in or sold, shipped, or delivered (from Form MT-203-S, line 19; out-of-state distributors)	•				<u> </u>
Dis	tributions of snuff made during the month	on which the tobacco	oroducts t	ax is not due (se	e inst	ructions)
24	Transferred out of state (from Form MT-203-S, line 41		24			
	Sold to out-of-state purchasers (from Form MT-203-3, line 47)					
	Sold to the United States, its agencies, and instrur					
	Sold to Indian nations, tribes, and members					
	Sold to others who were exempt from tobacco pro-					
	Unfit for use and consumption, or unsalable, or de					
30	Total quantity for which credit is to be given (add lin	es 24 through 29)	30			
Со	mputation of tax on snuff					
	Total quantity of snuff subject to tax (subtract line 30	from line 22)	31		I	
	Total quantity of snuff acquired during the month o					
02	products tax has been paid or assumed by another					
	(from Form MT-203-S, line 16)		32			•
33	Taxable total quantity of snuff (subtract line 32 from li					
	New York State tax rate on snuff			2	.00	2.00
35	New York State tax on snuff (multiply line 33 by line 3	34)	35			
36	Total (add line 35, columns A and B; enter here and on I	ine 15)	36			
Pa	rt 3 – Little cigars					Number of pooks of
	quisitions of little cigars during the month					Number of packs of little cigars
AC	quisitions of little cigars during the month					(see instructions)
37	Wholesale price of little cigars (from Form MT-203-S,	line 30)	37		Ш	
38	Little cigars acquired in or sold, shipped, or deliver	ed into NYS during the mo	nth			
	(from Form MT-203-S, line 29; out-of-state distributors	s, see instructions)			38	
Dis	tributions of little cigars made during the n	nonth on which the tob	acco prod	lucts tax is not d	ue (s	see instructions)
39	Transferred out of state (from Form MT-203-S, line 49))			39	1
40					40	
41	Sold to the United States, its agencies, and instrur	nentalities			41	
	Sold to Indian nations, tribes, and members				42	
	Sold to others who were exempt from tobacco pro-				43	
	Unfit for use and consumption, or unsalable, or de	-			44	
45	Total quantity for which credit is to be given (add lin	es 39 through 44)			45	
Со	mputation of tax on little cigars					
46		45 from line 38)			46	
47	Total packages of cigars acquired during the month					
	or assumed by another distributor (from Form MT			-	47	
	Taxable packages of cigars (subtract line 47 from line				48	
	New York State tax rate on little cigars				49	4.35
50	New York State tax on little cigars (multiply line 48 b)	y line 49; enter here and on lin	e 16)		50	

