

Schedule A — Cigarettes Received with New York Stamps Affixed Transaction and Transfer Tax Bureau FACCTS/Cigarette Tax

This schedule must be attached to your monthly Form CG-5, Nonresident Agent Cigarette Tax Report

Name of agent	Federal employer identification number (FEIN)			Filed with report for the calendar			
				Month:	Year: _		
Column A		Column B					
	Enter numb	Enter number of cigarettes (sticks) in the appropriate column(s)					
		Other (indicate pack size)					
Name, address, and FEIN of each supplier	20 packs	25 packs	pack	s packs	packs	packs	
Totals (enter here and on Form CG-5, Part I, line 3)							

Instructions

Who must file this schedule

You must file Form CG-5.1, Schedule A, if you are a nonresident cigarette agent who has received cigarettes with New York stamps affixed from your suppliers during the month covered by this report.

A copy of Schedule A must be attached to each Form CG-5, Nonresident Agent Cigarette Tax Report, that you are required to file on or before the 15th day of the month following the month being reported.

Tax period and taxpayer identification

Enter your legal name and your federal employer identification number (FEIN).

Enter the month and year of the period covered by this schedule.

Column A - Suppliers

Enter the name, address, and federal employer identification number (FEIN) of each of your suppliers from whom you received cigarettes with New York stamps already affixed.

Column B - Number of cigarettes received

For each supplier listed in column A, enter in all applicable columns the number of cigarettes (sticks) in packs you received with New York stamps already affixed.

Total the number of cigarettes (sticks) in each column and enter the result here and on line 3 of Form CG-5, Nonresident Agent Cigarette Tax Report.

Need help?



Internet access: www.nystax.gov (for information, forms, and publications)

Fax-on-demand forms:

1 800 748-3676

綑

Business Tax Information Center: From areas outside the U.S. and

1 800 972-1233

outside Canada:

(518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only):

1 800 634-2110