New York State Department of
Taxation and Finance
Miscellaneous Tax I/S Unit
W A Harriman Campus
Albany NY 12227

MT-203-MN (4/09)

Use this form to report only transactions for the period
Month _____, _____

Distributor of Tobacco Products Tax Return

Legal name *(corporation, partnership, or individual name)*	Employer identification number (EIN)
Trade name	
Street	
City, state, ZIP code	

Business telephone number
( )

Nature of business

☐ Manufacturer ☐ Importer
☐ Out-of-state distributor

☐ No business this month
☐ Cancel registration
☐ Amended return

Read Form MT-203-I, *Instructions for Form MT-203*, before completing this return. Attach Form MT-203-S, *Distributor of Tobacco Products Information Schedules,* to this return. See *Mailing instructions* on back. File this copy of the return on or before the 20th day of the following month.

This return must be filed even if no tax is due.

Acquisitions of tobacco products (other than snuff) during the month

		A Number of cigars or pounds of other tobacco products	B Total wholesale price
1 Cigar acquisitions *(from Form MT-203-S, line 9)*	1		
2 Tobacco products (other than cigars and snuff) acquisitions *(from Form MT-203-S, line 10)*	2		
3 Total wholesale price of tobacco products (other than snuff) acquired in or sold, shipped, or delivered into NYS during the month *(add column B, lines 1 and 2)*	3		

Distributions of tobacco products (other than snuff) made during the month on which tax is not due *(see instructions)*

4 Transferred out of state *(from Form MT-203-S, line 24)*	4	
5 Sold to out-of-state purchasers *(from Form MT-203-S, line 28)*	5	
6 Sold to the United States, its agencies, and instrumentalities	6	
7 Sold to Indian nations, tribes, and members	7	
8 Sold to others who were exempt from tobacco products tax	8	
9 Unfit for use and consumption, or unsalable, or destroyed	9	
10 Total wholesale price for which credit is to be given *(add lines 4 through 9)*	10	

Computation and payment of tax *(complete lines 22 through 35, on the back, before completing line 15)*

11 Total wholesale price of tobacco products (other than snuff) subject to tax *(subtract line 10 from line 3)*	11	
12 Total wholesale price of tobacco products (other than snuff) acquired during the month on which the tobacco products tax has been paid or assumed by another distributor *(see instructions)*	12	
13 Taxable total wholesale price of tobacco products (other than snuff) *(subtract line 12 from line 11)*	13	
14 New York State tax on tobacco products (other than snuff) *(see instructions)*	14	
15 Total New York State tax on snuff *(from line 35)*	15	
16 Total New York State tax on tobacco products and snuff *(add lines 14 and 15)*	16	
17 Adjustments from prior returns, if applicable *(see instructions)*	17	
18 New York State tobacco products tax due *(subtract line 17 from line 16)*	18	
19 Penalty and interest *(see instructions)*	19	
20 Total amount due *(add lines 18 and 19)* **Remit this amount** *(see* Mailing instructions *on back)*	20	
21 If line 18 is negative, amount to be credited to next month's return *(see instructions)*	21	

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

Date	Authorized signature	Official title
Signer's e-mail address		Telephone number ( )
Date	Signature of individual or name of firm preparing return	Preparer's address
Preparer's e-mail address		Telephone number ( )

For office use only

Acquisitions of snuff during the month		A Number of containers of less than one ounce	B Total ounces in containers of one ounce or more *(do not round)*
22 Total snuff acquired in or sold and shipped or delivered into NYS during the month *(from Form MT-203-S, line 19; out of state distributors, see instructions)*	22		

Distributions of snuff made during the month on which the tobacco products tax is not due *(see instructions)*

23 Transferred out of state *(from Form MT-203-S, Schedule 7, line 31)*	23		
24 Sold to out-of-state purchasers *(from Form MT-203-S, line 35)*	24		
25 Sold to the United States, its agencies, and instrumentalities	25		
26 Sold to Indian nations, tribes, and members	26		
27 Sold to others who were exempt from tobacco products tax	27		
28 Unfit for use and consumption, or unsalable, or destroyed	28		
29 Total quantity for which credit is to be given *(add lines 23 through 28)*	29		

Fold here

Computation of tax on snuff

30 Total quantity of snuff subject to tax *(subtract line 29 from line 22)*	30		
31 Total quantity of snuff acquired during the month on which the tobacco products tax has been paid or assumed by another distributor *(see instructions)*	31		
32 Taxable total quantity of snuff *(subtract line 31 from line 30)*	32		
33 New York State tax rate on snuff	33	0.96	0.96
34 New York State tax on snuff *(multiply line 32 by line 33)*	34		
35 Total *(add line 34, columns A and B; enter here and on line 15)*	35		

Attach additional sheets if necessary

Fold here

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 ***MT-203,*** your identification number, 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.

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

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