



Wholesale Dealer of Tobacco Products Informational Return

MT-203-W

(5/16)

(See instructions, Form MT-203-W-I, for assistance.)

Employer identification number		Legal name (corporation, partnership, or individual name)		Quarterly period ending (mm/dd/yy)	
Trade name				Mark an X in all that apply (see instructions) <input type="checkbox"/> No business this quarter <input type="checkbox"/> Cancel license <input type="checkbox"/> Amended return	
Street address					
City, state, and ZIP code		Business telephone number ()			

Inventory information

	A	B	C	D	E
	Number of individual cigars	Pounds of other tobacco products	Number of individual snuff containers of less than one ounce	Ounces of snuff containers of one ounce or more	Number of packs of little cigars
1 Beginning inventory	1.				
2 Acquisitions during the month (from Form MT-203-W-A, lines 3, 9, and 15, column(s) A, B, C, D, and/or E)	2.				
3 Total quantity available for sale or other disposition (add lines 1 and 2)	3.				
4 Total wholesale sales within New York State during the month (from Form MT-203-W-T, lines 3, 9, and 15, column(s) A, B, C, D, and/or E)	4.				
5 Total transfers and wholesale sales outside of New York State during the month (from Form MT-203-W-T, lines 9, 21, 27, and 33, column(s) A, B, C, D, and/or E)	5.				
6 Total wholesale sales to Indian nations and tribes during the month	6.				
7 Total other dispositions (see instructions)	7.				
8 Total transfers, sales, and other dispositions (add lines 4 through 7)	8.				
9 Ending inventory (subtract line 8 from line 3)	9.				
10 Physical inventory	10.				
11 Difference (subtract line 10 from line 9; see instructions)	11.				

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN

Mail your return and any related schedules and attachments to:

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

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this return		Address (number and street)		City	State ZIP code
	E-mail address of individual preparing this return			Preparer's NYTPRIN	or	Excl. code Date

**NYS TAX DEPARTMENT
TDAB-CIGARETTE TAX UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227-2292**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.