



# Schedule B — Cigarette Packages Stamped During the Month

## Transaction and Transfer Tax Bureau FACCTS/Cigarette Tax

Read instructions for Parts I and II carefully (Form CG-5/6-ATT-I).

**This form must be attached to your monthly report, either Form CG-5 or CG-6.**

Name of agent	Federal employer identification number (FEIN)	Filed with report for the calendar Month: _____ Year: _____
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### Part I — Direct purchases

#### Section A — Participating manufacturers

Cigarette packs purchased directly from participating manufacturers to which you affixed New York State tax stamps this month.

Column A Name and address of manufacturer	Column B Manufacturer's FEIN	Column C Number of packs you affixed with New York State tax stamps	
		Packs of 20 cigarettes	Packs of 21 - 25 cigarettes

1. Total packs listed in Part I, Section A .....

#### Section B — Non-participating manufacturers

Cigarette packs purchased directly from non-participating manufacturers to which you affixed New York State tax stamps this month.

Column A Name and address of manufacturer	Column B Manufacturer's FEIN	Column C Brand(s) of cigarettes	Column D Number of packs you affixed with New York State tax stamps	
			Packs of 20 cigarettes	Packs of 21 - 25 cigarettes
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2. Total packs listed in Part I, Section B .....

3. Total packs listed on attached additional Part I, Section A sheets .....

4. Total packs listed on attached additional Part I, Section B sheets .....

5. Total packs listed in Part II, line 9 .....

6. Total number of cigarette packs stamped (add lines 1 through 5). These amounts must match the total number of tax stamps required to be affixed to each pack size as shown on Form CG-5, Part III, line 15, or Form CG-6, Part II, line 17. ....

