



Distributor of Tobacco Products Information Schedules

MT-203-S

(7/08)

Read Form MT-203-I, *Instructions for Form MT-203*, before completing. Attach to Form MT-203. Keep a copy of this completed form for your records.

Legal name	Employer identification number (EIN)	Month/year
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Acquisitions

Schedule 1 – Tobacco products (other than snuff) purchased tax-free from supplier

	Name and address of supplier	EIN of supplier	A Cigars		B Other tobacco products	
			No. of individual cigars	Wholesale price	Pounds of tobacco	Wholesale price
A						
B						
1	Total acquisitions from this Schedule 1					
2	Total acquisitions from additional attached sheet(s), if any					
3	Total acquisitions (add lines 1 and 2; enter on line 7, below)					

Schedule 2 – Tobacco products (other than snuff) purchased tax-paid from supplier

	Name and address of supplier	EIN of supplier	A Cigars		B Other tobacco products	
			No. of individual cigars	Wholesale price	Pounds of tobacco	Wholesale price
A						
B						
4	Total acquisitions from this Schedule 2					
5	Total acquisitions from additional attached sheet(s), if any					
6	Total acquisitions (add lines 4 and 5; enter on line 8, below)					

7	Total from Schedule 1					
8	Total from Schedule 2					
9	Total cigars (add lines 7 and 8; enter on Form MT-203, line 1, columns A and B)					
10	Total other tobacco products (add lines 7 and 8; enter on Form MT-203, line 2, columns A and B)					

Schedule 3 – Snuff purchased tax-free from supplier

	Name and address of supplier	EIN of supplier	A Containers of less than one ounce		B Containers of one ounce or more	
			No. of individual containers	Wholesale price	Ounces	Wholesale price
A						
B						
C						
11	Total acquisitions from this Schedule 3					
12	Total acquisitions from additional attached sheet(s), if any					
13	Total acquisitions (add lines 11 and 12; enter on line 17, below)					

Schedule 4 – Snuff purchased tax-paid from supplier

	Name and address of supplier	EIN of supplier	A Containers of less than one ounce		B Containers of one ounce or more	
			No. of individual containers	Wholesale price	Ounces	Wholesale price
A						
B						
C						
14	Total acquisitions from this Schedule 4					
15	Total acquisitions from additional attached sheet(s), if any					
16	Total acquisitions (add lines 14 and 15; enter on line 18, below)					

17	Total from Schedule 3					
18	Total from Schedule 4					
19	Total quantity (add lines 17 and 18; enter on Form MT-203, line 22, columns A and B)					
20	Total wholesale price (add lines 17 and 18)					

Transfers and sales

Schedule 5 – Tobacco products (other than snuff) transferred out of state					State name	
Name and address of out-of-state business location	EIN	A Cigars		B Other tobacco products		
		No. of individual cigars	Wholesale price <i>(see instructions)</i>	Pounds	Wholesale price <i>(see instructions)</i>	
A						
B						
C						
21	Total transfers from this Schedule 5					
22	Total transfers from additional sheet(s) if any					
23	Total transfers <i>(add lines 21 and 22)</i>					
24	Total wholesale price <i>(combine line 23 wholesale price amounts; enter on Form MT-203, line 4)</i>					

Schedule 6 – Tobacco products (other than snuff) sold out of state					State name	
Name and address of out-of-state purchaser	EIN	A Cigars		B Other tobacco products		
		No. of individual cigars	Wholesale price <i>(see instructions)</i>	Pounds	Wholesale price <i>(see instructions)</i>	
A						
B						
C						
25	Total sales from this Schedule 6					
26	Total sales from additional attached sheet(s), if any					
27	Total sales <i>(add lines 25 and 26)</i>					
28	Total wholesale price <i>(combine line 27 wholesale price amounts; enter on Form MT-203, line 5)</i>					

Schedule 7 — Snuff transferred out of state				State name	
Name and address of out-of-state business location	EIN	A Containers of less than one ounce		B Containers of one ounce or more	
		No. of individual containers	Wholesale price <i>(see instructions)</i>	Ounces	Wholesale price <i>(see instructions)</i>
A					
B					
C					
29	Total transfers from this Schedule 7				
30	Total transfers from additional attached sheet(s), if any				
31	Total transfers <i>(add lines 29 and 30; enter quantity on Form MT-203, line 23)</i>				
32	Total wholesale price <i>(add lines 29 and 30)</i>				

Schedule 8 — Snuff sold out of state				State name	
Name and address of out-of-state purchaser	EIN	A Containers of less than one ounce		B Containers of one ounce or more	
		No. of individual containers	Wholesale price <i>(see instructions)</i>	Ounces	Wholesale price <i>(see instructions)</i>
A					
B					
C					
33	Total sales from this Schedule 8				
34	Total sales from additional attached sheet(s), if any				
35	Total sales <i>(add lines 33 and 34; enter quantity on Form MT-203, line 24)</i>				
36	Total wholesale price <i>(add lines 33 and 34)</i>				