Department of Taxation and Finance

Wholesale Dealer of Tobacco Products Informational Return

MT-203-W

(9/26)

Read Form MT-203-W-I, *Instructions for Form MT-203-W,* before completing.

Employer identification number	Legal name *(corporation, partnership, or individual name)*	Quarterly period ending *(mmddyy)*

Trade name	Mark an ***X*** in all that apply *(see instructions)*
	☐ No business this quarter
Street address	☐ Cancel license
City, state, and ZIP code / Business telephone number ( )	☐ Amended return

Inventory information

		A Number of individual cigars	B Pounds of tobacco or units of alternative nicotine products	C Number of individual snuff containers of less than one ounce	D Ounces of snuff containers of one ounce or more	E Number of individual little cigars
1 Beginning inventory	**1.**					
2 Acquisitions during the month *(from Form MT-203-W-A, lines 3, 9, and 15, columns A, B, C, D, and 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, columns A, B, C, D, and 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, columns A, B, C, D, and 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 ☐ No ☐	Designee's name *(print)*	Designee's phone number ( )
	Designee's email address		PIN

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	
	Email 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		
	Email address of individual preparing this return	Preparer's NYTPRIN or Excl. code	Date	

Mail your return and any related schedules and attachments to:

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

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