



# Wholesale Dealer of Tobacco Products Informational Return

# MT-203-W

(7/08)

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

Employer identification number	Legal name (corporation, partnership, or individual name)	Use this form to report only transactions for the period Month _____ Year _____
Trade name		Mark an <b>X</b> in all that apply (see instructions) <input type="checkbox"/> No business this month <input type="checkbox"/> Cancel license <input type="checkbox"/> Amended return
Street address		
City, state, and ZIP code	Business telephone number (     )	

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

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

Date	Authorized signature	Official title	Telephone number (     )
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Taxpayer's e-mail address

<b>Paid preparer's use only</b>	Preparer's signature	Telephone number (     )	Date	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address	Preparer's EIN		

Preparer's e-mail address

<b>Third-party designee</b>	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions)    Yes <input type="checkbox"/> (complete the following)    No <input type="checkbox"/>		
	Designee's name	Designee's phone number (     )	Personal identification number (PIN) <input type="text"/>
	Designee's e-mail address		

Mail your return and any related schedules and attachments to:

**NYS TAX DEPARTMENT  
TOBACCO PRODUCTS TAX  
PO BOX 5420  
ALBANY NY 12205-5420**