



# Wholesale Dealer of Tobacco Products Informational Return

# MT-203-W

(8/24)

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 (mm/dd/yy)
Trade name	Mark an <b>X</b> 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		

## 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 individual little cigars
<b>1</b> Beginning inventory .....	<b>1.</b>				
<b>2</b> Acquisitions during the month (from Form MT-203-W-A, lines 3, 9, and 15, column(s) A, B, C, D, and E) .....	<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, lines 3, 9, and 15, column(s) A, B, C, D, and E) .....	<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, lines 9, 21, 27, and 33, column(s) A, B, C, D, and E) .....	<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>				

<b>Third-party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number (     )
	Designee's email 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.

<b>Authorized person</b>	Printed name of authorized person	Signature of authorized person	Official title	
	Email address of authorized person	Telephone number (     )	Date	
<b>Paid preparer use only</b> (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

**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*