



## Information on Roll-Your-Own Cigarette Tobacco Manufactured or Imported by a Distributor

Read instructions (on back) carefully before completing. Keep a copy of this completed form for your records.

Legal name (corporation, partnership, or individual name)		Federal employer identification number (EIN) or social security number (SSN)		Month/year of this report ( <i>mm-yyyy</i> )
Address (number and street or PO box)	City	State	ZIP code	Phone number (    )

No reportable activity for the month (*see instructions*).....

A Name, address, and EIN of supplier	B Name, address, and EIN of manufacturer	C Brand name(s) of tobacco	D Quantity of roll-your-own cigarette tobacco manufactured or imported by your business ( <i>enter amount in pounds</i> )
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**1** Total quantity of roll-your-own cigarette tobacco manufactured or imported by your business (*enter amount in pounds*) .....

<b>1</b>
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**Attach additional sheets if necessary.**

## Instructions

### Who must file this form

All distributors must complete and attach Form MT-203-ATT to Form MT-203, *Distributor of Tobacco Products Tax Return*. In order to account for all roll-your-own cigarette tobacco entering New York State, include all roll-your-own cigarette tobacco that you manufactured in New York State, or imported or caused to be imported into New York State. Roll-your-own cigarette tobacco should be reported by the first distributor to manufacture, import, or cause such roll-your-own cigarette tobacco to be imported. To prevent duplication, do not include roll-your-own cigarette tobacco purchased from another distributor within New York State or reported by another distributor on that distributor's Form MT-203-ATT.

If you do not manufacture, import, or cause to be imported roll-your-own cigarette tobacco for a particular month, mark an **X** in the *No reportable activity for the month* box.

**Note:** For each brand of RYO tobacco you manufacture or import for sale in New York State, you must have in your possession Form CG-30, *Certification of Tobacco Master Settlement Agreement Status*, for that manufacturer, and the brand must be listed on Form CG-30.1, *Information Regarding Brands Sold in New York State*, for that manufacturer.

### Column A

Enter the name, address, and EIN of each of your suppliers of roll-your-own cigarette tobacco. If you are also a manufacturer of roll-your-own cigarette tobacco, complete columns B, C, and D.

### Column B

Enter the name, address, and EIN of each manufacturer of the roll-your-own cigarette tobacco that you are reporting. If you are the manufacturer, enter **self**.

### Column C

Enter the brand name(s) of each roll-your-own cigarette tobacco that you are reporting from businesses in column A and column B. If necessary, attach additional sheets showing the required information.

### Column D

Enter the quantity of roll-your-own cigarette tobacco for each brand in pounds separately next to the specific brand.

### Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

### Need help?



**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)



**Fax-on-demand forms:** Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

**Miscellaneous Tax Information Center:** (518) 457-5735  
In-state callers without free long distance: 1 800 470-4353  
To order forms and publications: (518) 457-5431  
In-state callers without free long distance: 1 800 462-8100



**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at 1 800 634-2110. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.