



WHOLESALE CIGARETTE LICENSE ANNUAL AFFIDAVIT

NYC Department of Finance, Sheriff Division, Tobacco Tax Unit, 30-10 Starr Avenue, 2nd Floor, Long Island City, NY 11101

Instructions: This form to be submitted by sub-jobbers and vending machine operators who only purchase joint New York State / New York City stamped cigarettes. Sub-jobbers and vending machine operators must file quarterly returns on **Form CTX-R** within 15 days after the end of each quarter (December - February, March - May, June - August, September - November). All others must file monthly returns on **Form CTX-R** within 15 days after the end of the month.

License Number: _____

Applicant Name: _____

Address: _____
Number and Street

City: _____ State: _____ Zip Code: _____

STATE OF NEW YORK }
COUNTY OF } S.S:

_____, being duly sworn, deposes and says that he/she is
Name of Affiant

_____ of the _____
Title: Owner, Partner, or Officer Name of Organization (Applicant)

Located at _____
Address

That during the period indicated above the applicant will purchase only packages of cigarettes with joint New York State/New York City Cigarette Tax stamps affixed thereto. In the event that packages of cigarettes are purchased without having affixed thereto joint New York State/New York City Cigarette Tax stamps, the applicant will file a monthly Cigarette Tax Return within fifteen (15) days after the close of the calendar month in which such purchases were made. Cigarette Tax Returns will be filed monthly thereafter.

Name of Applicant

Signature of Affiant

Sworn to before me this
_____ Day of _____, 20 _____

(Corporate Seal Must Be Affixed If Applicable)

Signature and Title of officer administering oath

My Commission Expires _____, 20 _____