

For department use only

I certify that I have examined the packages of cigarettes to which the stamps described on this form were attached and have removed or destroyed the stamps in the following quantities and denominations:

_____ (Signature and full title) _____ (Date)

For auditor's use only

Amount allowed: \$ _____ Audited by _____ (Date)

(Examiner)

Approved for payment: _____ Audited by _____ (Date)

(Tax technician) *(Comptroller)*

For office use only

Mail your claim form and any related attachments to: **NYS TAX DEPARTMENT
TTTB FACCTS - CIGARETTE TAX UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227**