

Department of Revenue Services  
 State of Connecticut  
 Excise/Public Services Taxes Subdivision  
 450 Columbus Blvd Ste 1  
 Hartford CT 06103-1837  
 (Rev. 03/17)

# Form CT-40

## Schedule C-2

### Sales and Transfers of Connecticut Stamped Cigarettes Outside of Connecticut Resident Distributor

File in Duplicate

Distributor's Name	Connecticut Tax Registration Number
Address of distributor	

Cigarettes to which Connecticut cigarette stamps or decals were affixed were transferred from Connecticut into:  
 (Consignee's state) \_\_\_\_\_ During the month of \_\_\_\_\_ 20\_\_\_\_\_

Include all sales, transfers, and returns outside Connecticut during the month. Use separate sheets for each state.

Column 1 Date	Column 2 Name and Address To Whom Sold, Transferred, or Returned	Column 3 Invoice No.	Column 4 No. of Cigarettes

Subtotal for this page	
Subtotal from reverse	
<b>Total</b>	

(Continue on reverse side if necessary)

Column 1 Date	Column 2 Name and Address To Whom Sold, Transferred, or Returned	Column 3 Invoice No.	Column 4 No. of Cigarettes
<b>Subtotal (Enter on front)</b>			