DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT Excise/Public Services Taxes Subdivision 25 Sigourney Street Hartford CT 06106-5032

Rev. 11/01

Form CT-19A

Schedule A-1

Cigarettes Purchased With Connecticut Decals or Stamps Already Affixed

Name of Distributor	Distrib	Distributor's License No			
Address of Distributor			Month of	20	
The total of Form CT-19A , Societies Report, Nonresident	chedule A-1, should agree with the amount reported of Distributor. Forward Form CT-19A to the Department	on Line 12 o t of Revenue	of Form CT-15A , <i>Mor</i> Services with Form (nthly Tax Stamp and CT-15 A .	
Date Received	From Whom Purchased or Acquired		Supplier Invoice Number	Number of Cigarettes	
		Total			

(Continue on reverse side if necessary)

Date Received	From Whom Purchased or Acquired	Supplier Invoice Number	Number of Cigarettes
	Brought Forward		
	Total		