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

Rev. 11/01

Form CT-19

Schedule A

Record of Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired

Name of Distributor _____ Distributor's License No. _____

Address of Distributor _____ Month of _____ 20 _____

The total of **Form CT-19,** *Schedule A*, should agree with the amount reported on Line 11 of **Form CT-15**, *Monthly Tax Stamp and Cigarette Report, Resident Distributor.* Forward **Form CT-19** to the Department of Revenue Services with **Form CT-15**.

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		