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

Form CT-28

Schedule F

File in Duplicate

Rev. 11/01

Name of Distributor _

Sales and Transfers of Connecticut-Stamped Cigarettes Outside of Connecticut

Distributor's License No.

Address of Distrib	putor	Month of	20	
Nonresident distributors selling or transferring Connecticut-stamped cigarettes outside of Connecticut must file this schedule. When manufacturers are listed below, use one Schedule F for each manufacturer and file in duplicate. All non-manufacturers may be listed on one Schedule F and no duplicate copies are required. The total of Form CT-28, Schedule F, should agree with the amount reported on Line 17 of Form CT-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor. Forward Form CT-28 to the Department of Revenue Services with Form CT-15A.				
Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes	

Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Brought Forward		
	Total		