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

Form CT-29

Schedule G

File in Duplicate

Rev. 11/01

Name of Distributor _

Sales and Transfers of Unstamped Cigarettes to Other Connecticut Distributors

(Unstamped Cigarettes Include Cigarettes Bearing Decals or Stamps of Other States)

Distributor's License No. _

Address of Distribu	tor	Month of	20
2. The total of Fori	tributors selling or transferring unstamped cigarettes to other Connecticut m CT-29, Schedule G, should agree with the amount reported on Line 21 of t, Nonresident Distributor. Forward Form CT-29 to the Department of Reve	Form CT-15A, Monthly	y Tax Stamp and
Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Tota	ı <i>////////////////////////////////////</i>	

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