Department of Revenue Services
State of Connecticut
Excise/Public Services Taxes Subdivision

#### Schedule H

# **Cigarette Packages Stamped During the Month**

(Rev. 05/02)

Read instructions for Parts I and II carefully.

Schedule H must be completed for each month, even if no cigarette packages were stamped during the month, and attached to Form CT-15, Monthly Tax Stamp and Cigarette Report—Resident Distributor, or Form CT-15A, Monthly Tax Stamp and Cigarette Report—Nonresident Distributor, as the case may be.

Distributor's Name visit the internet web site of the National Association of Attorneys General at http://www.naag.org and click on "Tobacco Settlement Documents" and then "Participating Manufacturers under the MSA." As used in these instructions, Participating Manufacturer means a tobacco product manufacturer that is a signatory to the Master Settlement Agreement (MSA). For an up-to-date list of participating manufacturers, License Number

## Distributor's Address Part I - Cigarette Purchases Made Directly From a Participating Manufacturer Year

Report in Part 1 the number of Connecticut cigarette tax stamps that you affixed during the month to packages of cigarettes that you purchased directly from a participating manufacturer and the name, address, and Federal Employer Identification Number (FEIN) of the participating manufacturer. Complete all columns. Attach additional sheets if necessary.

Line 6. Total number of cigarette packages stamped (Add Lines 3, 4, and 5.) ......5. Line 5. Total from Part II, Subpart B, Line 3...... Line 4. Total from Part II, Subpart A, Line 3 ...... Line 3. Total Part I (Add the number of stamps for each denomination.) (Add Line 1 and Line 2.)...... Line 1. Subtotal (For this page) ...... Line 8. Total number of cigarettes stamped (Add both columns on Line 7) ....... Line 7. Number of cigarettes (Multiply Line 6 by 20 or 25, as applicable.) ..... Line 2. Total from attached additional Schedule H, Part I, sheet(s) ......(Number of Additional Sheet(s) Participating Manufacturer's Name and Address Participating Manufacturer's FEIN \_ 7 G 4 ω N 0 Number of Connecticut Tax
Stamps Affixed 20's ω 25's

This amount must equal the amount shown on Form CT-15 (Resident Distributor), Line 18, or Form CT-15A (Nonresident Distributor), Line 11.

dditional
Sheet
Number

### Schedule H - Part I Additional Sheet

## **Cigarette Packages Stamped During The Month**

Distributor's Name	Lice	License Number		
Distributor's Address	Mor	Month of	Year	
	Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Number of Stamps Affixed	tamps Affixed
			20's	25's
	Subtotal			
Schedule H - Part I Additional Sheet (Rev. 05/02)		(Enter total for Part I - Additional Sheet(s) on Schedule H - Part I, Line 2.)		

Schedule H - Part I Additional Sheet (Rev. 05/02)

# Part II—Cigarettes Not Purchased Directly From a Participating Manufacturer

# Subpart A—Cigarettes Manufactured by a Participating Manufacturer but Not Purchased Directly From the Participating Manufacturer

Report in this Subpart the number of Connecticut cigarette tax stamps that you affixed during the month to packages of cigarettes that were manufactured by a participating manufacturer, but that you did not purchase directly from the participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the person from which you purchased the cigarettes ("Supplier"); and the brand(s) of those cigarettes. Also report in this Subpart the name, address, and FEIN of the participating manufacturer. Complete all columns. Attach additional sheets if necessary.

Line 3. Total number of cigarette packages stamped (Add Line 1 and Line 2.) Enter total on Part I, Line 4	Line 2. Total from attached additional Schedule H - Part II, Subpart A, sheet(s). (Number of Additional Sheet(s)	Line 1. Subtotal (For this page)											Supplier's Name, Address, and FEIN
d (Add Line 1 and Line	Part II, Subpart A, she												Brand(s) of Cigarettes
3 2.)	et(s). (Number of Additional Sheet(s))	1										Name, Address, and FEIN	Participating Manufacturer's
												20's	Number of C
												25's	Number of Connecticut Tax Stamps Affixed

#### Schedule H - Part II, Subpart A Additional Sheet Cigarette Packages Stamped During The Month

Additional Sheet Number \_

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Distributor's AddressMonth of	Distributor's Name	_License Number
	Distributor's Address	Month of

(Enter	Subto													Supplier's Name, Address, and FEIN
total for Part II - Addit	otal													Brand(s) of Cigarettes
(Enter total for Part II - Additional Sheet(s) on Schedule H - Part II, Subpart A, Line 2.)													Name, Address, and FEIN	Participating Manufacturer's
													20's	Number of S
													25's	Number of Stamps Affixed

Schedule H - Part II, Subpart A Additional Sheet (Rev. 05/02)

# Subpart B—Cigarettes Not Manufactured by a Participating Manufacturer

Report in this Subpart the number of Connecticut cigarette tax stamps that you affixed during the month to packages of cigarettes that were not manufactured by a participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the person from which you purchased the cigarettes ("Supplier"); and the brand(s) of those cigarettes. Also report in this Subpart the name, address, and FEIN of the Nonparticipating Manufacturer or First Purchaser.

- A Nonparticipating Manufacturer means a tobacco product manufacturer that is not a participating manufacturer and that manufactures cigarettes that it intends to be sold in the United States, including cigarettes it intends to be sold through an importer. The required health warning was affixed on the original packaging of these cigarettes by the nonparticipating manufacturer because the nonparticipating manufacturer intended them to be sold in the United States.
- A First Purchaser means a person or other entity that is not a participating manufacturer and that is responsible for the cigarettes being designated for sale in the United States where the cigarettes were not originally intended by their manufacturer to be sold in the United States. The first purchaser repackaged those cigarettes so that they could be sold in the United States by affixing the required health warning on the packaging. Complete all

columns. Attach additional sheets if necessary Line 3. Total number of cigarette packages stamped (Add Line 1 and Line 2.) ...... 2. Line 2. Total from attached additional Schedule H - Part II, Subpart B sheet(s).. (Number of Additional Sheet(s) Line 1. Subtotal (For this page)...... Supplier's Name, Address, and FEIN Brand(s) of Cigarettes Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN ω N 20's Number of Connecticut Tax Stamps Affixed 25's

Enter total on Part I, Line 5

## Schedule H - Part II, Subpart B Additional Sheet Cigarette Packages Stamped During the Month

Additional Sheet Number \_

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Distributor's Name	License Number
Distributor's Address	Month of

Subtotal													Supplier's Name, Address, and FEIN Brand(s
Subtotal												Name	Brand(s) of Cigarettes Nonparticipating Ma
												, Address, and FEIN	Nonparticipating Manufacturer's or First Purchaser's
												20's	Number of Stamps Affixed
												25's	mps Affixed

(Enter total for Part II - Additional Sheet(s) on Schedule H - Part II, Subpart B, Line 2.)