

Form CT-38

Record of Cigarette Stamps Purchased Nonresident Distributor

Name of Distributor: _____ Distributor's License No. _____

Address of Distributor: _____
(Street) (City or Town) (State) (ZIP Code)

Attach to the distributor's monthly report. The total face value should agree with the amount reported on Line 2 of **Form CT-15A, Monthly Tax Stamp and Cigarette Report Nonresident Distributor.**

Date	Purchase Invoice Number	Quantity of Stamps			Total Face Value
		\$ 1.51	\$ 1.8875		
Subtotals for this page					
Subtotals from reverse					
Totals					\$

		Quantity of Stamps			
Date	Purchase Invoice Number	\$ 1.51	\$ 1.8875		Total Face Value
Subtotals (Enter on front)					