Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 10/05)

Form CT-29

Schedule G

File in Duplicate

Sales and Transfers of Unstamped Cigarettes to Other Connecticut Distributors

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

Name of Distributor _____ CT Tax Registration Number _____

Address of Distribu	tor	Month of	20
2. The total of Forn	tributors selling or transferring unstamped cigarettes to other Connecticut on CT-29, Schedule G, should agree with the amount reported on Line 21 of Fit, Nonresident Distributor. Forward Form CT-29 to the Department of Reven	orm CT-15A, Monthly	Tax Stamp and
Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Total		

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