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

# Form CT-39

## Record of Cigarette Stamps Purchased
## Resident Distributor

For the Month of _____ 20 _____

Name of Distributor _____ CT Tax Registration Number _____

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-15**, *Monthly Tax Stamp and Cigarette Report, Resident Distributor.*

| | | Quantity of Stamps | | | |
|---|---|---|---|---|---|
| **Date** | **Purchase Invoice Number** | **$ 1.51** | **$ 1.8875** | | **Total Face Value** |
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(Continue on Reverse if Necessary)

| | | Quantity of Stamps | | | |
|---|---|---|---|---|---|
| Date | Purchase Invoice Number | $ 1.51 | $ 1 .8875 | | Total Face Value |
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