

Schedule H - Part I

Cigarette Packages Stamped During the Month

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. 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, 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 and Brand Names under the MSA."

Distributor's Name _____ CT Tax Registration Number ► _____

Distributor's Address _____ Month of ► _____ Year ► _____

Part I - Cigarettes Purchased Directly From a Participating Manufacturer

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.

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

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

Schedule H - Part I

Additional Sheet

Cigarette Packages Stamped During the Month

Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Brand(s) of Cigarettes	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Subtotal			▶	▶

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

Schedule H - Part II, Subpart A

Cigarette Packages Stamped During the Month

Distributor's Name _____ CT Tax Registration Number ► _____

Distributor's Address _____ Month of ► _____

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 you affixed during the month to packages of cigarettes 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.

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

Schedule H - Part II, Subpart A

Additional Sheet
Cigarette Packages Stamped During the Month

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

Schedule H - Part II, Subpart B

Cigarette Packages Stamped During the Month

Distributor's Name _____ CT Tax Registration Number

Distributor's Address _____ Month of

Subpart B—Cigarettes Not Manufactured by a Participating Manufacturer

Report in this Subpart the number of Connecticut cigarette tax stamps you affixed during the month to packages of cigarettes not manufactured by a participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the person from whom 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 manufactures cigarettes 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 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

Supplier's Name, Address, and FEIN	Brand(s) of Cigarettes	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN	Number of Connecticut Tax Stamps Affixed	
			20's	25's
Line 1. Subtotal (For this page)			1	
Line 2. Total from attached Schedule H - Part II, Subpart B, additional sheet(s). (Number of Additional Sheet(s) _____)			2	
Line 3. Total number of cigarette packages stamped (Add Line 1 and Line 2.) Enter total on Part I, Line 5.			3	

Schedule H - Part II, Subpart B

Additional Sheet
Cigarette Packages Stamped During the Month

Supplier's Name, Address, and FEIN	Brand(s) of Cigarettes	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Subtotal			▶	▶
(Enter total for Part II, Subpart B - Additional Sheet(s) on Schedule H - Part II, Subpart B, Line 2.)				