

Form CT-24

Schedule D

Unstamped Cigarettes Transferred to Another Distributor Within Connecticut

For the Month of _____ 20 _____

Transferred by: _____ CT Tax Registration Number _____
 (Name and Address of Distributor)

Transferred to: _____ CT Tax Registration Number _____
 (Name and Address of Distributor to Whom Transferred)

1. List all shipments of unstamped cigarettes transferred to another distributor within Connecticut during the month.
2. Use a separate schedule for each distributor.
3. The total of **Form CT-24, Schedule D**, should agree with the amount reported on Line 17 of **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**. Forward Form CT-24 to the Department of Revenue Services with Form CT-15.

Date	Invoice Number	Number of Cigarettes	Date	Invoice Number	Number of Cigarettes
Column Total			Column Total		

Date	Invoice Number	Number of Cigarettes	Date	Invoice Number	Number of Cigarettes
Total From Front			Total From Front		
Column Total			Column Total		