

Form CT-38

Record of Cigarette Stamps Purchased Nonresident Distributors

For the Month of _____ 20 _____

Name of Distributor _____ CT Tax Registration Number _____

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

Attach this form to your 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
		\$ 2.00	\$ 2.50		
Subtotals for this page					
Subtotals from reverse					
Totals					\$

		Quantity of Stamps			
Date	Purchase Invoice Number	\$ 2.00	\$ 2.50		Total Face Value
Subtotals: Enter on front.					