Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 09/09)

Form CT-31

Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors

nventory of cigarettes for the month of		20		
Name of distributor		CT Tax Registration Number		
Address of distributor				
Address of distributor(S	treet)	(City or town)	(State) (ZIP code)	
nventory taken by		(2.1.4		
Part I and Part II inventories are n	part of your monthly cigarette report a	(Print name)		
Part I. Unstamped Cigarette Report only cigarettes to which Co of other states. The total of Form		als have not been affixed including of Stamp Inventory Report for Resi	<i>ident Distributors</i> , should agree wit	
Brand	Column A Individual Cigarettes	Brand	Column B Individual Cigarettes	
Column A total		Column B total		

Total of column A and column B

Part II. Unaffixed Connecticut Cigarette Tax Stamps or Decals

r the month of	20		
Quantity of Connecticut Cigarette Tax Stamps or Decals	Face Value of Each	Total	For DRS Use Only
	@ 3.00	\$	
	@ 3.75	\$	
	Total face value	\$	
cclaration: I declare under penalty of law that I d, to the best of my knowledge and belief, it i document to the Department of Revenue Se both. The declaration of a paid preparer oth	is true, complete, and correct. I ervices (DRS) is a fine of not m	understand that the penalty ore than \$5,000, or impriso	or for willfully delivering a false refundant for not more than five year
thorized signature	Date	,	