Department of Revenue Services PO Box 5031 Hartford CT 06102-5031

Column A total

Form CT-31

Cigarette and Unaffixed Stamp

(Rev. 07/11)		Resident Distributors			
Inventory of cigarettes for the month of		20			
Name of distributor		CT Tax Registration Number			
Address of distributor	Street)				
(\$	Street)	(City or town)	(State)	(ZIP code)	
Inventory taken by		(Print name)			
Part I and Part II inventories are r	part of your monthly cigarette report	,	t		
of other states. The total of Form	e Inventory onnecticut cigarette tax stamps or dec of CT-31, Part I, Cigarette and Unaffixed of Form CT-15, Monthly Tax Stamp a	ed Stamp Inventory Report for F	Resident Distribute		
Brand	Column A Individual Cigarettes	Brand		olumn B ual Cigarettes	

Column B total Total of column A and column B

Part II. Unaffixed Connecticut Cigarette Tax Stamps or Decals

monut of	20		
Quantity of Connecticut Cigarette			
Tax Stamps or Decals	Face Value of Each	Total	For DRS Use On
	@ 3.40	\$	
	@ 4.25	\$	
	Total face value	\$	
ation: I declare under penalty of law th and, to the best of my knowledge and turn or document to the Department of or both. The declaration of a paid prepa	d belief, it is true, complete, and Revenue Services (DRS) is a fi	d correct. I understand that the of not more than \$5,000, in	the penalty for willfully deli mprisonment for not more
	Date)	
zed signature			