

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.**

		Quantity of Stamps			
Date	Purchase Invoice Number	\$ 3.40	\$ 4.25		Total Face Value
Subtotals for this page					
Subtotals from reverse					
Totals					\$

		Quantity of Stamps			
Date	Purchase Invoice Number	\$ 3.40	\$ 4.25		Total Face Value
Subtotals: Enter on front.					