

Form CT-31A

Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors

Name of distributor		
Distributor's address	Number and street	PO Box
City or town	State	ZIP code
Inventory taken by (print name)		

Inventory of cigarettes for the month of	
Year	20 ____
Connecticut Tax Registration Number	

Part I and Part II inventories are part of your monthly cigarette report and must be filed with the report.

Part I - Stamped Cigarette Inventory

Report only cigarettes to which Connecticut cigarette tax stamps or decals have been affixed. The total of **Form CT-31A, Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors, Part I - Stamped Cigarette Inventory**, should agree with the amount reported on **Form CT-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**, Line 14.

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

The total of Form CT-31A, Part II, should agree with the amount reported on Form CT-15A, Line 4.

Inventory of cigarettes for the month of	Year
	20 __ __

Quantity of Connecticut Cigarette Tax Stamps or Decals	Face Value of Each	Total	For DRS Use Only
	@ \$3.65	\$	
	@ \$4.5625	\$	
Total face value		\$	

Declaration: I declare under penalty of law that I have examined this return or document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Authorized Signature Date

Print Name Title