

Form CT-40

Schedule C-2

File in Duplicate

Sales and Transfers of Connecticut Stamped Cigarettes Outside of Connecticut Resident Distributor

Rev. 12/01

Name of Distributor _____ Distributor's License No. _____

Address of Distributor _____

Cigarettes to which Connecticut cigarette stamps or decals were affixed were transferred from Connecticut into:

(Consignee's state) _____ During the month of _____ 20_____

Include all sales, transfers, and returns outside Connecticut during the month. Use separate sheets for each state.

Column 1 Date	Column 2 Name and Address To Whom Sold, Transferred, or Returned	Column 3 Invoice No.	Column 4 No. of Cigarettes

Subtotal for this page	
Subtotal from reverse	
Total	

