

# Form CT-25

## Schedule C

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### Sales and Transfers of Unstamped Cigarettes Outside of Connecticut

Cigarettes transferred from Connecticut into State of (Consignee's state): \_\_\_\_\_

Name of Distributor \_\_\_\_\_ CT Tax Registration Number \_\_\_\_\_

Address of Distributor \_\_\_\_\_ Month of \_\_\_\_\_ 20 \_\_\_\_\_

1. Include all sales, transfers, and returns outside Connecticut. Use separate sheets for each state.
2. Indicate in Column 3 whether or not the cigarettes are stamped with the consignee state's indicia.
3. The total of **Form CT-25, Schedule C**, should agree with the amount reported on Line 16 of **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**. Forward **Form CT-25** to the Department of Revenue Services with **Form CT-15**.

Column 1 Date	Column 2 Name and Address To Whom Sold, Transferred, or Returned	Column 3 Yes or No	Column 4 Invoice No.	Column 5 No. of Cigarettes
<b>Total</b>				

Column 1 Date	Column 2 Name and Address to Whom Sold, Transferred, or Returned	Column 3 Yes or No	Column 4 Invoice No.	Column 5 No. of Cigarettes
	Brought Forward			
	<b>Total</b>			