

Form CT-15A Connecticut Monthly Tax Stamp and Cigarette Report - Nonresident Distributor



(Rev. 01/17)

Nonresident distributors must complete and file this form with the Department of Revenue Services (DRS) not later than the 25th day of the month following the month for which the report is made. Send the original to DRS and keep a copy for your records.

Report for the month ending ► – –			Due on or before: – –								
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	Name					C	onnecticut Tax	Registration	on Number		
	o					•		3			
	Street	address				_					
	City/to	NWD		State	Zip Code	FE	ΞIN				
	City/to	VVII		State	Zip Code	•					
				D	-1 1 04	F					
UI	nattix	ced Connecticut Cig	jarette i	ах рес	ais and Star	nps at Face va	iue				
1.	Inve	entory on hand on the first	day of the	month co	overed by this re	port		1.	•		.00
2.	Entertated numbers of extends and distinct the growth. Total at a second second 20										
۷.	Enter total purchases actually received during the month. Total should agree with Form CT-38, Record of Cigarette Stamps Purchased Nonresident Distributors, which										
	must accompany this report.						2.	•		.00	
3.	Tota	al available unaffixed decal	s and star	nps: Add	Line 1 and Line	2.		3.	•		.00
4.	Closing inventory: Total should agree with Form CT-31A, Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors, which must accompany this report.						ort	4.	•		.00
	oramp invertory report for ivolitesident Distributors, which must accompany this it					accompany increp	ort.	٦.			.00
5.	Total affixed decals and stamps: Subtract Line 4 from Line 3. The total should equal						al	_			00
	value of decals and stamps applied during this month.							5.	•		.00
Deductions	6.										
	revenue examiner during the month to correct unacceptable indicia and entered by the examiner on Form O-252 , <i>Order Form for Connecticut Cigarette Tax Stamps</i> .										
	No credit for restamping is allowed unless this line is completed.						npo.	6.	•		.00
	7. All other deductions. Furnished death anothers activized to DDC (1999).							7			00
	All other deductions. Example: decals or stamps returned to DRS for credit.						7.	•		.00	
	8.	Total deductions: Add L	ine 6 and	Line 7.				8.	•		.00
۵	Dec	eals and stamps applied	to unetam	ned cias	rattas: Subtract	Line 8 from Line 5		۵			00

Form CT-15A Filing Instructions

Forms CT-15A and **Schedule H**, *Cigarette Packages Stamped During the Month*, **must** be filed with the appropriate forms and schedules attached.

Nonresident Distributor Forms and Schedules:

- Form CT-19A, Schedule A, Record of Cigarettes Acquired in Connecticut With Stamps Already Affixed;
- Form CT-27, Schedule E, Sales and Transfers of Connecticut-Stamped Cigarettes Into Connecticut,
- Form CT-28, Schedule F, Sales and Transfers of Connecticut-Stamped Cigarettes Outside of Connecticut;
- Form CT-29, Schedule G, Sales and Transfers of Unstamped Cigarettes to Other Connecticut Distributors;

- Form CT-31A, Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors; or
- Form CT-38, Record of Cigarette Stamps Purchased by Distributors.

Visit the DRS website at **www.ct.gov/DRS** to download and print these forms. Select *Forms*; *Business*; *Current year* or *Prior years* (under *Excise Tax Forms*); and *Cigarette*, to locate forms and schedules you need.

If you need additional information, call the DRS Audit Division, Excise Taxes Subdivision at 860-541-3224, Monday through Friday, 8:30 a.m. to 4:30 p.m.

Mail Form CT-15A and the appropriate forms and schedules to:

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







CT Tax Registration Number							

Report of Stamped Cigarettes

Number of cigarettes, not packages, but not including cigarettes bearing stamps of other states.

		The most of diguidates, not publicages, was not more and group and my ordering ordering			
10.	_	inning inventory: Cigarettes bearing Connecticut decals or stamps: This should be same figure with which you closed the previous month.	10.	•	.00
11.		stamped cigarettes stamped by you: Should equal Line 9 divided by the tax rate cigarette (\$.195).	11.	•	.00
12.		arettes purchased with Connecticut decals or stamps already affixed: Total all agree with Form CT-19A, Schedule A-1, which must accompany this report.	12.	•	.00
13.	Tota	al available cigarettes bearing Connecticut decals or stamps: Add Lines 10, 11, and 12.	13.	>	.00
14.		sing inventory for this month: Total should agree with Form CT-31A, which must ompany this report.	14.	>	.00
ettes	15.	Connecticut stamped cigarettes to be accounted for: Subtract Line 14 from Line 13.	15.	•	.00
Accounting for Stamped Cigarettes	16.	Connecticut stamped cigarettes sold or transferred into Connecticut: Total should agree with Form CT-27, Schedule E, which must accompany this report.	16.	•	.00
	17.	Connecticut stamped cigarettes sold or transferred outside Connecticut: Total should agree with Form CT-28, Schedule F, which must accompany this report.	17.	•	.00
	18.	Adjustments, if any: Attach detailed explanation.	18.	•	.00
ounti	19.	Total Connecticut stamped cigarettes sold or transferred: Add Lines 16, 17, and 18.	19.	>	.00
Acc	20.	Difference between Line 15 and Line 19, if any: Subtract Line 19 from Line 15.	20.	•	.00
21.		tamped cigarettes sold or transferred to other Connecticut distributors: Total ald agree with Form CT-29, Schedule G, which must accompany this report.	21.	>	.00
22.	Pen	alty for late filing is \$50. Payment must accompany this report.	22.	•	.00
		Make check payable to Commissioner of Revenue Services. DRS may submit your check to yo	our ban	k electronically.	

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, 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.

	Taxpayer's signature	Title	Date		
re ur records.	Taxpayer's email				
Sign Here copy for your records.	Paid preparer's signature	Paid preparer's name	Paid preparer's SSN Date		
Keep a	Paid preparer's address		Preparer's telephone		