(Rev. 06/16)

## Form CT-31 Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors

Name of distributor			Inventory of cigarettes for the month of
Distributor's address	Number and	street PO Box	Year 20
City or town	State	ZIP code	Connecticut Tax Registration Number
Inventory taken by (print name)			

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

## Part I - Unstamped Cigarette Inventory

Report only cigarettes to which Connecticut cigarette tax stamps or decals have not been affixed including cigarettes bearing stamps or decals of other states. The total of **Form CT-31**, *Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors*, *Part I - Unstamped Cigarette Inventory*, should agree with the amount reported on **Form CT-15**, *Monthly Tax Stamp and Cigarette Report*, *Resident Distributor*, Line 13.

Brand	Column A Individual Cigarettes	Brand	Column B Individual Cigarettes
Column A - Total		Column B - Total	

## Part II - Unaffixed Connecticut Cigarette Tax Stamps or Decals

The total of Form CT-31, Part II, should agree with the amount reported on Form CT-15, 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
	@ \$3.90	\$	
	@ \$4.875	\$	-
	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