

Form CT-38

Record of Cigarette Stamps Purchased Nonresident Distributors

Name of distributor			For the month of	
Distributor's address		Number and street	PO Box	
City or town		State	ZIP code	
			Year 20 __ __	
Connecticut Tax Registration Number				

Attach this form to your monthly report.

The total face value should agree with the amount reported on **Form CT-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**, Line 2.

Date	Purchase Invoice Number	Quantity of Stamps		Total Face Value
		\$3.90	\$4.875	
Subtotals for this page				
Subtotals from reverse				
			Totals \$	

