

Form CT-39

Record of Cigarette Stamps Purchased Resident Distributor

Name of distributor		
Distributor's address	Number and street	PO Box
City or town	State	ZIP code

For the month of
Year 20 __ __
Connecticut Tax Registration Number

Attach to the distributor's monthly report.

The total face value should agree with the amount reported on **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident 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 \$				

