

Department of Revenue Services State of Connecticut CT15 1117W 01 9999



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

(Rev.	11	/1	7)	
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Resident 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 b	efore:				
	M M - D D - Y	Y Y Y	Ī	M M - D D - Y	YYYY		
Name							
			Conne	ecticut Tax Registrat	tion Number		
Street address						_	
Street address			-				_
			FEIN				
City/town	State Z	ip Code	FEIN				
							-

Unaffixed Connecticut Cigarette Tax Decals and Stamps at Face Value

1.	Inve	entory on hand on the first day of the month covered by this report	1.		.00
2.	For	er total purchases actually received during the month. Total should agree with m CT-39 , <i>Record of Cigarette Stamps Purchased Resident Distributors</i> , which st accompany this report.	2.	•	.00
3.	Tota	al available unaffixed decals and stamps: Add Line 1 and Line 2.	3.		.00
4.		sing inventory: Total should agree with Form CT-31, Cigarette and Unaffixed mp Inventory Report for Resident Distributors, which must accompany this report.	4.		.00
5.		al affixed decals and stamps: Subtract Line 4 from Line 3. The total should equal the of decals and stamps applied during this month.	5.	►	.00
Deductions	6.	Restamping credit: Total face value of decals or stamps affixed in presence of a 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.	6.	•	.00
Dedu	7.	All other deductions. Example: decals or stamps returned to DRS for credit.	7.		.00
	8.	Total deductions: Add Line 6 and Line 7.	8.		.00
9.	Dec	cals and stamps applied to unstamped cigarettes: Subtract Line 8 from Line 5.	9.		.00

Form CT-15 Filing Instructions

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

Resident Distributor Forms and Schedules:

- Form CT-19, Schedule A, Record of Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired;
- Form CT-23, Schedule B, Shipments of Unstamped Cigarettes Made to Agencies of the Federal or Connecticut State Government,
- Form CT-24, Schedule D, Unstamped Cigarettes Transferred to Another Distributor Within Connecticut;
- Form CT-25, Schedule C, Sales and Transfers of Unstamped Cigarettes Outside of Connecticut;

- Form CT-31, Cigarette and Unaffixed Stamp Inventory Report for Resident 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-15 and the appropriate forms and schedules to:

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



Report of Unstamped Cigarettes, continues on Page 2. To complete Form CT-15, sign this report in the Declaration section on Page 2.







CT Tax Registration Number

10.	-	inning inventory: This should be the same figure with which you closed the ious month.	10.	►	.00
11.		In cigarettes purchased or otherwise acquired: Total should agree with n CT-19 , <i>Schedule A</i> , which must accompany this report.	11.	►	.00
12.	Tota	I available cigarettes: Add Line 10 and Line 11.	12.		.00
13.		sing inventory for this month: Total should agree with Form CT-31, which t accompany this report.	13.	►	.00
14.	Uns	tamped cigarettes to be accounted for: Subtract Line 13 from Line 12.	14.	►	.00
	15.	Sales to agencies of U.S. and Connecticut: Total should agree with Form CT-23 , <i>Schedule B</i> , which must accompany this report.	15.	►	.00
	16.	Sales and transfers outside Connecticut: Total should agree with Form CT-25 , <i>Schedule C</i> , which must accompany this report.	16.	►	.00
	17.	Sales and transfers to licensed distributors: Total should agree with Form CT-24 , <i>Schedule D</i> , which must accompany this report.	17.	►	.00
	18.	Unstamped cigarettes stamped by you: Line 9 divided by the tax rate per cigarette (\$.2175).	18.	►	.00
	19.	Other - Explain	19.	►	.00
	20.	Unstamped cigarettes to be accounted for: Add Lines 15 through 19.	20.	►	.00

21. Unstamped cigarettes not accounted for: Subtract Line 20 from Line 14.

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
Taxpayer's email		
Paid preparer's signature	Paid preparer's name	Date
Paid preparer's address	Paid preparer's SSN	Preparer's telephone

.00

21.

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