



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



(Rev. 02/18)

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.

ı	Report	t for the month ending ►			Due on or before:				V	
	Name		IVI IVI - U U -	1 1 1 1		IVI IVI - D D	- Y	T T	Ť	
					Со	nnecticut Tax Reg	istratio	n Num	ber	
;	Street	address			•					
					FE	IN				
(City/to	wn	State	Zip Code	▶	II V				
Ur	affix	ed Connecticut Cig	jarette Tax Dec	als and Star	nps at Face Val	ue				
1.	Inve	entory on hand on the first	day of the month co	vered by this re	eport		1.	•		
2.	Ente	er total purchases actually	received during the	month Total sh	ould agree with					
۷.	For	m CT-39, Record of Cigar	•		•					
	mus	at accompany this report.					2.			
3.	Tota	ıl available unaffixed deca	ls and stamps: Add	Line 1 and Line	2.		3.	•		
4	Cla	aina sina antana Tatalaha	uld come a with Form	OT 24 Cimana	the and the fire d					
4.		sing inventory : Total sho <i>mp Inventory Report for R</i>					4.	•		
_			0.14	4.6 II O.T						
5.		al affixed decals and sta le of decals and stamps a			ne total should equa	I	5.	•		
	6.	Restamping credit: Totarevenue examiner during			•	a .				
suc		by the examiner on Forr	n O-252, Order Forn	n for Connecticu	ut Cigarette Tax Stan	nps.	0			
ıctic		No credit for restamping	is allowed unless th	is line is comple	etea.		6.			
Deductions	7.	All other deductions. Exa	ample: decals or sta	mps returned to	DRS for credit.		7.	•		
_	8.	Total deductions: Add I	ine 6 and Line 7				8.	•		
	0.	iotal doddonolio. Add I	ino o ana ino r.				0.			
9.	Dec	als and stamps applied	to unstamped ciga	rettes: Subtrac	t Line 8 from Line 5.		9.			

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;

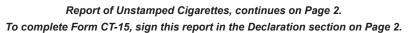
- Form CT-31, Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors; or
- Form CT-38, Record of Cigarette Stamps Purchased by Distributors.

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







CT Ta	ax Re	gistra	ation N	lumbe	er			

10.	Beginning inventory: This should be the same figure with which you closed the previous month.	10.	•
11.	Total cigarettes purchased or otherwise acquired: Total should agree with Form CT-19 , <i>Schedule A</i> , which must accompany this report.	11.	>
12.	Total available cigarettes: Add Line 10 and Line 11.	12.	>
13.	Closing inventory for this month: Total should agree with Form CT-31, which must accompany this report.	13.	>
14.	Unstamped cigarettes to be accounted for: Subtract Line 13 from Line 12.	14.	•
	 Sales to agencies of U.S. and Connecticut: Total should agree with Form CT-23, Schedule B, which must accompany this report. 	15.	•
	 Sales and transfers outside Connecticut: Total should agree with Form CT-25, Schedule C, which must accompany this report. 	16.	•
	17. Sales and transfers to licensed distributors: Total should agree with Form CT-24, Schedule D, which must accompany this report.	17.	•
	18. Unstamped cigarettes stamped by you: Line 9 divided by the tax rate per cigarette (\$.2175).	18.	•
	19. Other - Explain	19.	>
	20. Unstamped cigarettes to be accounted for: Add Lines 15 through 19.	20.	>
21.	Unstamped cigarettes not accounted for: Subtract Line 20 from Line 14.	21.	>

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