



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



(Rev. 02/18)

Nonresident 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 before				- 		
	Name	M M - D D - Y Y Y Y M M - D D - Y Y Y Y W										
						(Connecticu	t Tax Registration	n Nur	mber		
	Street	Street address					-					
						FEIN						
	City/town State Zip Code				Zip Code	► IN						
			.	D	04							
U	nattix	ced Connecticut Ciç	jarette 1	ах реса	ais and Star	nps at Face v	aiue					
1.	Inve	ntory on hand on the first	day of the i	month cov	vered by this re	port		1.	•			
2.	Ente	Enter total purchases actually received during the month. Total should agree with										
	Form CT-38, Record of Cigarette Stamps Purchased Nonresident Distributors, which											
	must accompany this report.					2.						
3.	Total available unaffixed decals and stamps: Add Line 1 and Line 2.				3.	•						
4	Clas	Observed to the Table bound are smith Form OT MA Circumta and the first										
4.	Closing inventory: Total should agree with Form CT-31A, Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors, which must accompany this report.						4.	•				
_	T . 4 .	Table office did a sale and stemps Outbreat line A from Line O. The total should a well										
5.	Total affixed decals and stamps: Subtract Line 4 from Line 3. The total should equal value of decals and stamps applied during this month.					5.	•					
							_					
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											
						6.	•					
	No credit for restamping is allowed unless this line is completed.						0.					
	7. All other deductions. Example: decals or stamps returned to DRS for credit.						7.	•				
_							8.	•				
	٥.		0 0.110 1					0.				
9.	Dec	als and stamps applied	to unstam	ped cigar	ettes: Subtract	Line 8 from Line	5 .	9.				

Form CT-15A Filing Instructions

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

Nonresident Distributor Forms and Schedules:

- Form CT-19A, Schedule A, Record of Cigarettes Acquired in Connecticut With Stamps Already Affixed;
- Form CT-27, Schedule E, Sales and Transfers of Connecticut-Stamped Cigarettes Into Connecticut;
- Form CT-28, Schedule F, Sales and Transfers of Connecticut-Stamped Cigarettes Outside of Connecticut;
- Form CT-29, Schedule G, Sales and Transfers of Unstamped Cigarettes to Other Connecticut Distributors;

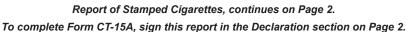
- Form CT-31A, Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors; or
- Form CT-38, Record of Cigarette Stamps Purchased by Distributors.

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-15A and the appropriate forms and schedules to:

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





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CT15A 1117W 02 9999



CT Tax Registration Number									

Report of Stamped Cigarettes

Number of cigarettes, not packages, but not including cigarettes bearing stamps of other states.

10.	Beginning inventory: Cigarettes bearing Connecticut decals or stamps: This should be the same figure with which you closed the previous month.			>		
11.		tamped cigarettes stamped by you: Should equal Line 9 divided by the tax rate cigarette (\$.2175).	11.	•		
12.	_	rettes purchased with Connecticut decals or stamps already affixed: Total agree with Form CT-19A, Schedule A-1, which must accompany this report.	12.	•		
13.	13. Total available cigarettes bearing Connecticut decals or stamps: Add Lines 10, 11, and 12.					
14.		sing inventory for this month: Total should agree with Form CT-31A, which must impany this report.	14.	•		
Accounting for Stamped Cigarettes	15.	Connecticut stamped cigarettes to be accounted for: Subtract Line 14 from Line 13.	15.	>		
	16.	Connecticut stamped cigarettes sold or transferred into Connecticut: Total should agree with Form CT-27, Schedule E, which must accompany this report.	16.	•		
	17.	Connecticut stamped cigarettes sold or transferred outside Connecticut: Total should agree with Form CT-28, Schedule F, which must accompany this report.	17.	•		
	18.	Adjustments, if any: Attach detailed explanation.	18.	>		
	19.	Total Connecticut stamped cigarettes sold or transferred: Add Lines 16, 17, and 18.	19.	>		
Acc	20.	Difference between Line 15 and Line 19, if any: Subtract Line 19 from Line 15.	20.	>		
21.		tamped cigarettes sold or transferred to other Connecticut distributors: Total all agree with Form CT-29, Schedule G, which must accompany this report.	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				
records.					
Here ir your rec	Paid preparer's signature	Paid preparer's name	Date		
n H					
Sign copy fo	Paid preparer's address	Paid preparer's SSN	Preparer's telephone		
Keep a					
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