



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 ▶	<input type="text" value=" - -"/>	Due on or before:	<input type="text" value=" - -"/>
	<small>M M - D D - Y Y Y Y</small>		<small>M M - D D - Y Y Y Y</small>
Name	Street address		Connecticut Tax Registration Number
			<input type="text" value=" -"/>
City/town	State	Zip Code	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Unaffixed Connecticut Cigarette Tax Decals and Stamps at Face Value

1. Inventory on hand on the first day of the month covered by this report
2. 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.
3. Total available unaffixed decals and stamps: Add Line 1 and Line 2.
4. **Closing inventory:** Total should agree with **Form CT-31A, Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors**, which must accompany this report.
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.
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, Order Form for Connecticut Cigarette Tax Stamps**. No credit for restamping is allowed unless this line is completed.
7. All other deductions. Example: decals or stamps returned to DRS for credit.
8. **Total deductions:** Add Line 6 and Line 7.
9. **Decals and stamps applied to unstamped cigarettes:** Subtract Line 8 from Line 5.

Deductions

1.	▶	<input type="text"/>
2.	▶	<input type="text"/>
3.	▶	<input type="text"/>
4.	▶	<input type="text"/>
5.	▶	<input type="text"/>
6.	▶	<input type="text"/>
7.	▶	<input type="text"/>
8.	▶	<input type="text"/>
9.	▶	<input type="text"/>

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

Report of Stamped Cigarettes, continues on Page 2.

To complete Form CT-15A, sign this report in the Declaration section on Page 2.



CT Tax Registration Number

Registration number input field

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. 10. ▶
- 11. **Unstamped cigarettes stamped by you:** Should equal Line 9 divided by the tax rate per cigarette (\$.2175). 11. ▶
- 12. **Cigarettes purchased with Connecticut decals or stamps already affixed:** Total should agree with Form CT-19A, Schedule A-1, which must accompany this report. 12. ▶
- 13. **Total available cigarettes bearing Connecticut decals or stamps:** Add Lines 10, 11, and 12. 13. ▶
- 14. **Closing inventory for this month:** Total should agree with Form CT-31A, which must accompany this report. 14. ▶
- 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. ▶
- 20. Difference between Line 15 and Line 19, if any: Subtract Line 19 from Line 15. 20. ▶
- 21. **Unstamped cigarettes sold or transferred to other Connecticut distributors:** Total should agree with Form CT-29, Schedule G, which must accompany this report. 21. ▶

Accounting for Stamped Cigarettes

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.

Sign Here <small>Keep a copy for your records.</small>	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