SCHEDULE H

Cigarette Packages Stamped During The Month

Read instructions for Part I and II carefully.

Schedule H must be completed each month (even if no cigarette packages were stamped during the month) and attached to Form CT-15. Monthly Tax Stamp and Cigarette Report - Resident Distributor, or to Form CT-15A, Monthly Tax Stamp and Cigarette Report - Nonresident Distributor.

Distributor's Name ______ License Number ______

Distributor's Address ____

Month of

_____Year _____

Part I - Cigarette Purchases Made Directly from the Manufacturer

Instructions

(Rev. 12/00)

Include in Part I the number of Connecticut tax stamps you affixed during the month to packages of cigarettes that you purchased directly from the manufacturer. (Cigarettes that were not purchased directly from the manufacturer should be reported in Part II.) List below the manufacturer's name, address, and Federal Employer Identification Number (FEIN), and the number of Connecticut tax stamps that you affixed. Complete all columns and attach additional sheets if necessary.

Manufacturer's Name and Address	Manufacturer's FEIN		Number of Connecticut Tax Stamps Affixed		x
			20's	2	5's
Line 1. Subtotal (for this page)		1			
Line 2. Total from attached additional Schedule H Part I sheet(s) (Num	ber of Additional Sheet(s))	2			
Line 3. Total Part I (add the number of stamps for each denomination) (add Line 1 and Line 2)		3			
Line 4. Total from Part II, Line 3 (from back)		4			
Line 5. Total number of cigarette packages stamped (add Line 3 and Line 4)		5			
Line 6. Number of cigarettes (multiply Line 5 by 20 or 25, as applicable)		6			
Line 7. Total number of cigarettes stamped (Add both columns on Line 6) This amount must equal the amount shown on Form CT-15 (Resident Distributor), Line 18 c				7	

Part II - Cigarette Purchases from Other Sources Instructions

Include in Part II the number of Connecticut tax stamps you affixed during the month to packages of cigarettes that you purchased other than directly from the manufacturer. If you have more than one supplier with respect to any brand of cigarette, list all suppliers for such brand(s). List below the name, address, and Federal Employer Identification Number of your supplier and the brand(s) of cigarettes purchased from each such supplier. For each brand listed, enter the name, address, and Federal Employer Identification Number of the first purchaser or manufacturer of the cigarettes. (The *first purchaser* is the person or other entity responsible for the cigarettes being designated for sale in the United States where such cigarettes were not originally intended for sale in the United States (i.e., required health warnings have been affixed), such cigarettes were not intended by their manufacturer to be sold in the United States. The *manufacturer* is a cigarette manufacturer which manufactured cigarettes that it intended to be sold in the United States through an importer. (These cigarettes have the required health warnings on the original packaging.) In addition, enter the number of Connecticut tax stamps you affixed during the month to each brand of cigarettes. Complete all columns and attach additional sheets if necessary.

Supplier's Name, Address, and FEIN Brand(s) of Cigarettes First Purchaser or Manufacturer's Name, Address, and	Brand(s) of Cigarettes	First Purchaser or Manufacturer's Name, Address, and FEI	EIN	Number of Connecticut Tax Stamps Affixed		
		20's	25's			
Line 1. Subtotal (for this page)		I	1			
Line 1. Subtotal (for this page)			2			
Line 3. Total number of cigarette packages stamped (add Line 1 and Line 2)		3				

Enter total on Part I, Line 4 (on front)

SCHEDULE H - Part I Additional Sheet

Cigarette Packages Stamped During The Month

Distributor's Name	_icense Number		
Distributor's Address	Month of	Year	
Manufacturer's Name and Address	Manufacturer's FEIN	Number of Stamps Affixed	
		20's	25's
Subtotal			

(Enter total for Part I - Additional Sheet(s) on Schedule H - Part I, Line 2)

Additional	Sheet	Number		of	
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SCHEDULE H - Part II Additional Sheet

Cigarette Packages Stamped During The Month

Distributor's Name	License Number

Distributor's Address ______ Month of _____

Supplier's Name, Address, and FEIN	Brand(s) of Cigarettes	First Purchaser or Manufacturer's Name, Address, and FEIN	Number of Stamps Affixed		
		20's	25's		
	Subtotal (Enter total for Pa				