

Form CT-23

Schedule B

File in Duplicate
 One Copy per Agency

Shipments of Unstamped Cigarettes Made to Agencies of the Federal or Connecticut State Government

Rev. 11/01

Name of Distributor _____ Distributor's License No. _____

Address of Distributor _____ Month of _____ 20____

1. Enter all shipments of unstamped cigarettes made to agencies of the federal or Connecticut state government.
2. Provide the address to which the cigarettes were actually delivered.
3. The total of **Form CT-23, Schedule B**, should agree with the amount reported on Line 15 of **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**. Forward **Form CT-23** to the Department of Revenue Services with **Form CT-15**.

Date	Name of Agency and Address Where Cigarettes Were Delivered	Invoice Number	Number of Cigarettes
	Total		

(Continue on reverse side if necessary)

