Department of Revenue Services State of Connecticut Excise/Public Services Taxes Subdivision 25 Sigourney Street Hartford CT 06106-5032

## Form CT-40

Schedule C-2

Sales and Transfers of

Rev. 12/01

	Jales	s anu mans			
Connecticut	Stamped	Cigarettes	Outside	of Con	necticut
	Res	ident Distri	ibutor		

Name of Distributor \_\_\_\_\_\_ Distributor's License No. \_\_\_\_\_\_

Address of Distributor

Cigarettes to which Connecticut cigarette stamps or decals were affixed were transferred from Connecticut into:

(Consignee's state) \_\_\_\_\_ During the month of \_\_\_\_\_ 20 \_\_\_\_

Total

Include all sales, transfers, and returns outside Connecticut during the month. Use separate sheets for each state.

Column 1 Date	Column 2 Name and Address To Whom Sold, Transferred, or Returned	Column 3 Invoice No.	Column 4 No. of Cigarettes
Subtotal for this page			
Subtotal from reverse			

Column 1 Date	Column 2 Name and Address to Whom Sold, Transferred, or Returned	Column 3 Invoice No.	Column 4 No. of Cigarettes
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Subtotal (Enter on front)		

CT-40 (Rev. 12/01) (Back)