

Form CT-50

Certificate of Cigarette Tax Re-Stamping Credit

Rev. 12/01

Name of Distributor: _____ Distributor's License No.: _____

Address of Distributor: _____
(Street) (City or Town) (State) (ZIP Code)

I certify:

- 1a. That _____ Connecticut cigarette tax stamps or decals of _____ denomination with a total face value of \$ _____ have been superimposed over unacceptable stamps in my presence and under my direct supervision; or
- b. That _____ Connecticut cigarette tax stamps or decals of _____ denomination with a total face value of \$ _____ have been applied under my direct supervision to packages of cigarettes contained in cartons, to the **flaps** of which heat-applied Connecticut cigarette tax stamps or decals were affixed; and
2. That I have obliterated with a heavy, indelible pencil all stamps represented in the pertinent paragraph above to prevent their being further claimed for credit.

Total Face Value	\$ _____
Less Discount Allowance	\$ _____
Net Credit Due	\$ _____

The total **face value** listed above has been entered by me in the distributor's purchase order book on Purchase Order Number _____. The distributor must enter this amount on Line 6 of its monthly cigarette reports.

Final approval by:

Verified by:

Signature of Excise Field Unit Supervisor

Signature of Revenue Examiner

Date

Date