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

Form CT-31

Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors

Inventory of Cigarettes for the Month of ______ 20 ____

Rev. 03/03

ame of Distributor: Distributor's License No						
Address of Distributor:						
(Str	reet)	(City or Town)	(State)	(ZIP Code)		
Inventory Taken by:						
B	(Print Name)					
Part I and Part II inventories are pa		t and must be filed with the report.				
Part I. Unstamped Cigarette I Report only cigarettes to which Co decals of other states. The total of I and Cigarette Report, Resident Di	onnecticut cigarette tax stamps or Form CT-31, Part I, should agree v	r decals have not been affixed incl with the amount reported on Line 13	uding cigarette of Form CT-1 5	s bearing stamps o		
Brand	Column A Individual Cigarettes	Brand		lumn B al Cigarettes		
Column A Total		Column B Total				
		Total of Columns A and B				

Part II. Unaffixed Connecticut Cigarette Tax Stamps or Decals The total of Form CT-31, Part II, should agree with the amount reported on Line 4 of Form CT-15.

For the Month of ______20 ____

Quantity of Connecticut Cigarette Tax Stamps or Decals	Face Value of Each	Total	For DRS Use Only
	@ 1.51	\$	
	@ 1.8875	\$	
	Total Face Value	\$	
Declaration: I declare under penalty of law t statements) and, to the best of my knowledge as false return or document to DRS is a fine of	and belief, it is true, complete, an	nd correct. I understand that the	penalty for willfully delivering
Authorized Signature	Date		
Print Name	Title		