

Form CT-19

Schedule A

Record of Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired

Name of Distributor _____ CT Tax Registration Number _____

Address of Distributor _____ Month of _____ 20 _____

The total of **Form CT-19, Schedule A**, should agree with the amount reported on Line 11 of **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**. Forward **Form CT-19** to the Department of Revenue Services (DRS) with **Form CT-15**.

Date Received	From Whom Purchased or Acquired	Supplier Invoice Number	Number of Cigarettes
		Total	

Date Received	From Whom Purchased or Acquired	Supplier Invoice Number	Number of Cigarettes
	Brought Forward		
	Total		