## 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

Name of Distributor	CT Tax Registration Number	

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		

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