Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 10/05)

**Column A Total** 

## Form CT-31

## Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors

	, ,				
nventory of Cigarettes for the Mo	onth of	20			
Name of Distributor		CT Tax Registration Number			
Address of Distributor					
(\$	Street)	(City or Town)	(State) (ZIP Code)		
nventory Taken by					
Part I and Part II inventories are	part of your monthly cigarette report	(Print Name) and must be filed with the report.			
decals of other states. The total	e Inventory Connecticut cigarette tax stamps or of Form CT-31, Part I, Cigarette and on Line 13 of Form CT-15, Monthly	d Unaffixed Stamp Inventory Repo	ort for Resident Distributors, shoul-		
Brand	Column A Individual Cigarettes	Brand	Column B Individual Cigarettes		

**Total of Column A and ColumnB** 

**Column B Total** 

## 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	\$	
<b>Declaration:</b> I declare under penalty of law statements) and, to the best of my knowledge a false return or document to Department of years, or both.	and belief, it is true, complete, a	nd correct. I understand that the	ne penalty for willfully delivering
Authorized Signature	Date		
Print Name	Title		