

Form CT-23

Schedule B

Shipments of Unstamped Cigarettes Made to Agencies of the Federal Government 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			

Continue on reverse side if necessary.

Date	Name of Agency and Address Where Cigarettes Were Delivered	Invoice Number	Number of Cigarettes
	Total From Front		
	Total		