

# Form CT-29

## Schedule G

### Sales and Transfers of Unstamped Cigarettes to Other Connecticut Distributors

(Unstamped Cigarettes Include Cigarettes Bearing Decals or Stamps of Other States)

Name of Distributor \_\_\_\_\_ CT Tax Registration Number \_\_\_\_\_

Address of Distributor \_\_\_\_\_ Month of \_\_\_\_\_ 20 \_\_\_\_\_

1. Nonresident distributors selling or transferring unstamped cigarettes to other Connecticut distributors must file this schedule.
2. The total of **Form CT-29, Schedule G**, should agree with the amount reported on Line 21 of **Form CT-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**. Forward Form CT-29 to the Department of Revenue Services with Form CT-15A.

Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
<b>Total</b>			

Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Total From Front		
	<b>Total</b>		