

Form CT-31

Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors

Inventory of Cigarettes for the Month of _____ 20 _____

Name of Distributor _____ CT Tax Registration Number _____

Address of Distributor _____
(Street) (City or Town) (State) (ZIP Code)

Inventory Taken by _____
(Print Name)

Part I and Part II inventories are part of your monthly cigarette report and must be filed with the report.

Part I. Unstamped Cigarette Inventory

Report only cigarettes to which Connecticut cigarette tax stamps or decals have not been affixed including cigarettes bearing stamps or decals of other states. The total of **Form CT-31, Part I, Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors**, should agree with the amount reported on Line 13 of **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**.

Brand	Column A Individual Cigarettes	Brand	Column B Individual Cigarettes
Column A Total		Column B Total	
Total of Column A and Column B			

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
	@ 2.00	\$	
	@ 2.50	\$	
Total Face Value		\$	

Declaration: I declare under penalty of law that I have examined this return or document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return or document to the Department of Revenue Services is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Authorized Signature

Date

Print Name

Title