Department of Revenue Services
PO Box 5031
Hartford CT 06102-5031
(Rev. 07/07)

Form CT-39

Record of Cigarette Stamps Purchased
Resident Distributor

For the Month of _____ 20 _____

Name of Distributor _____ CT Tax Registration Number _____

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

Attach to the distributor's monthly report. The total face value should agree with the amount reported on Line 2 of **Form CT-15**, *Monthly Tax Stamp and Cigarette Report, Resident Distributor.*

		Quantity of Stamps			
Date	**Purchase Invoice Number**	**$ 2.00**	**$ 2.50**		**Total Face Value**
Subtotals for this page					
Subtotals from reverse					
				Totals	$

Continue on reverse if necessary.

		Quantity of Stamps			
Date	Purchase Invoice Number	$ 2.00	$ 2.50		Total Face Value
Subtotals: Enter on front.					