

Schedule H - Part I

Cigarette Packages Stamped During the Month

Read instructions for Parts I and II carefully.

Schedule H must be completed for each month, even if no cigarette packages were stamped during the month, and attached to **Form CT-15, Monthly Tax Stamp and Cigarette Report—Resident Distributor**, or **Form CT-15A, Monthly Tax Stamp and Cigarette Report—Nonresident Distributor**, as the case may be. Because you may only lawfully stamp cigarettes in brand families listed in the Connecticut Tobacco Directory check the most recent update of the Connecticut Tobacco Directory and any email notifications from Department of Revenue Services (DRS) before stamping any cigarettes and for an identification of a cigarette manufacturer as either a participating manufacturer or a nonparticipating manufacturer. See **Informational Publication 2006(28), Licensed Stamping Distributor's Guide to Connecticut Cigarette Tax Laws and Other Cigarette-Related Laws**, for more information.

Distributor's Name _____ **CT Tax Registration Number** ► _____

Distributor's Address _____ **Month of** ► _____ **Year** ► _____

Part I - Cigarettes Purchased Directly From a Participating Manufacturer

Report in Part 1 the number of Connecticut cigarette tax stamps you affixed during the month to packages of cigarettes you purchased directly from a participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the participating manufacturer; **and** the brand families of the cigarettes. Complete all columns. Attach additional sheets if necessary.

Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Cigarette Brand Family	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Line 1. Subtotal for this page.			1	►
Line 2. Total from attached Schedule H, Part I, Additional Sheet(s) Number of additional sheet(s) _____			2	►
Line 3. Total Part I: Add the number of stamps for each denomination. Add Line 1 and Line 2.			3	►
Line 4. Total from Part II, Subpart A, Line 3			4	►
Line 5. Total from Part II, Subpart B, Line 3			5	►
Line 6. Total number of cigarette packages stamped: Add Lines 3, 4, and 5.			6	►
Line 7. Number of cigarettes: Multiply Line 6 by 20 or 25, as applicable.			7	►
Line 8. Total number of cigarettes stamped: Add both columns on Line 7.			8	►

This amount must equal the amount shown on **Form CT-15** (Resident Distributor), Line 18, or **Form CT-15A** (Nonresident Distributor), Line 11.

Schedule H - Part I

Additional Sheet

Cigarette Packages Stamped During the Month

Participating Manufacturer's Name and Address	Participating Manufacturer's FEIN	Cigarette Brand Family	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Subtotal			▶	▶
Enter total for Part I - Additional Sheet(s), on Schedule H - Part I, Line 2.				

Schedule H - Part II, Subpart A

Cigarette Packages Stamped During the Month

Distributor's Name _____ CT Tax Registration Number ► _____

Distributor's Address _____ Month of ► _____

Part II—Cigarettes Not Purchased Directly From a Participating Manufacturer

Subpart A—Cigarettes Manufactured by a Participating Manufacturer but Not Purchased Directly From the Participating Manufacturer

Report in Subpart A the number of Connecticut cigarette tax stamps you affixed during the month to packages of cigarettes that were manufactured by a participating manufacturer, but that you did not purchase directly from the participating manufacturer; the name, address, and FEIN of the person from which you purchased the cigarettes (Supplier); and the brand families of those cigarettes. Also report in Subpart A the name, address, and FEIN of the participating manufacturer. Because you may only lawfully stamp cigarettes in brand families listed in the Connecticut Tobacco Directory, check the most recent update of the Connecticut Tobacco Directory and any email notifications from DRS before stamping any cigarettes. See **Informational Publication 2006(28), Licensed Stamping Distributor's Guide to Connecticut Cigarette Tax Laws and Other Cigarette-Related Laws**, for more information. Complete all columns. Attach additional sheets if necessary.

Supplier's Name, Address, and FEIN	Cigarette Brand Family	Participating Manufacturer's Name, Address, and FEIN	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Line 1. Subtotal for this page			1	►
Line 2. Total from attached Schedule H - Part II, Subpart A, Additional Sheet(s). Number of additional sheet(s) _____			2	►
Line 3. Total number of cigarette packages stamped: Add Line 1 and Line 2. Enter total on Part I, Line 4.			3	►

Additional Sheet Number _____ of _____

Schedule H - Part II, Subpart A

Additional Sheet

Cigarette Packages Stamped During the Month

Supplier's Name, Address, and FEIN	Cigarette Brand Family	Participating Manufacturer's Name, Address, and FEIN	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Enter total for Part II, Subpart A - Additional Sheet(s), on Schedule H - Part II, Subpart A, Line 2.				

Schedule H - Part II, Subpart B

Cigarette Packages Stamped During the Month

Distributor's Name _____ CT Tax Registration Number ► _____

Distributor's Address _____ Month of ► _____

Subpart B—Cigarettes Not Manufactured by a Participating Manufacturer

Report in Subpart B the number of Connecticut cigarette tax stamps you affixed during the month to packages of cigarettes that were not manufactured by a participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the person from whom you purchased the cigarettes (Supplier); and the brand families of those cigarettes. Also report in Subpart B the name, address, and FEIN of the nonparticipating manufacturer or first purchaser.

- A **nonparticipating manufacturer** is a person identified as a nonparticipating manufacturer in the Connecticut Tobacco Directory.
- A **first purchaser** is a person or other entity that is not a participating manufacturer and is responsible for the cigarettes being designated for sale in the United States where the cigarettes were not originally intended by their manufacturer to be sold in the United States. The first purchaser repackaged those cigarettes, so that they could be sold in the United States, by affixing the required Surgeon General's health warning on the packaging.

Complete all columns. Attach additional sheets if necessary.

Supplier's Name, Address, and FEIN	Cigarette Brand Family	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Line 1. Subtotal for this page.			1	►
Line 2. Total from attached Schedule H - Part II, Subpart B, Additional Sheet(s). Number of additional sheet(s) _____			2	►
Line 3. Total number of cigarette packages stamped: Add Line 1 and Line 2. Enter total on Part I, Line 5.			3	►

Schedule H - Part II, Subpart B

Additional Sheet

Cigarette Packages Stamped During the Month

Supplier's Name, Address, and FEIN	Cigarette Brand Family	Nonparticipating Manufacturer's or First Purchaser's Name, Address, and FEIN	Number of Connecticut Tax Stamps Affixed	
			20's	25's
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Subtotal			▶	▶
Enter total for Part II, Subpart B - Additional Sheet(s) on Schedule H - Part II, Subpart B, Line 2.				