Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 10/08)

#### 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 Connecticut Tax Registration Number ▶

Distributor's address		Month of ►		Year <u> </u>		
Part I - Cigarettes Purchased Directly From a P	Participating Manufacturer					
Report in Part 1 the number of Connecticut cigarette tax stamp Federal Employer Identification Number (FEIN) of the participa						
Participating manufacturer's name and address	Participating manufacturer's FEIN	Cigarette brand family		Number of Connec	ticu	t Tax Stamps Affixed
				20's	$\Box$	25's
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>	$\perp$	<b>&gt;</b>
<b>•</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>		<b>&gt;</b>		<b>&gt;</b>
Line 1. Subtotal for this page			1	<b>&gt;</b>	T	<b>&gt;</b>
Line 2. Total from attached Schedule H, Part I,	Additional Sheet(s) Number of ad	ditional sheet(s)	2	<b>&gt;</b>		<b>&gt;</b>
Line 3. Total Part I: Add the number of stamps for	or each denomination. Add Line	1 and Line 2	3	<b>&gt;</b>	T	<b>&gt;</b>
Line 4. Total from Part II, Subpart A, Line 3			4	<b>&gt;</b>		<b>&gt;</b>
Line 5. Total from Part II, Subpart B, Line 3			5	<b>&gt;</b>	T	<b>&gt;</b>
Line 6. Total number of cigarette packages stan	nped: Add Lines 3, 4, and 5		6	<b>&gt;</b>	$\exists$	<b>&gt;</b>
Line 7. Number of cigarettes: Multiply Line 6 by	20 or 25, as applicable		7	<b>&gt;</b>	$\top$	<b>&gt;</b>
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.

	Additional Sheet Number	of
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# 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 Connection	Number of Connecticut Tax Stamps Affixed	
			20's	25's	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
	Subtotal	Sheet(s), on Schedule H - Part I, Line 2.	<b>&gt;</b>	<b>&gt;</b>	

## Schedule H - Part II, Subpart A

#### **Cigarette Packages Stamped During the Month**

Distributor's name Connecticut Tax Registration Number ►						
istributor'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 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		Number of Connecticut Tax Stamps affixed	
		name, address, and FEIN	20's	25's
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
-	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
-	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
-	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
-	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
-	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
-	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>		<b>&gt;</b>	<b>&gt;</b>
·	<b>&gt;</b>		<b>&gt;</b>	<b></b>
Line 1. Subtotal for this page		1	<b></b>	<b>&gt;</b>
Line 2. Total from attached Schedule H - Par			<b>&gt;</b>	<b>&gt;</b>
Line 3. Total number of cigarette packages s			<b>&gt;</b>	<b>&gt;</b>

Additional Sheet Number	of
Additional Sheet Number	OI OI

# 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 Connection	cut Tax Stamps affixed
		marrie, address, and i Lin	20's	25's
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
Subtotal Enter total for Part II.	Subpart A - Additional Sheet/	s), on Schedule H - Part II, Subpart A, Line 2.	<b>&gt;</b>	<u> </u>

# Schedule H - Part II, Subpart B

# **Cigarette Packages Stamped During the Month**

Connecticut Tax Registration Number 📐

Distributor's address		Month of ►		
Subpart B—Cigarettes Not Manufactured b Report in Subpart B the number of Connecticut cigarette t and Federal Employer Identification Number (FEIN) of the and FEIN of the nonparticipating manufacturer or first pure	tax stamps you affixed during the person from whom you purchase chaser.	month to packages of cigarettes that were not manufaced the cigarettes (Supplier); and the brand families of tho	stured by a participating masse cigarettes. Also report i	anufacturer; the name, add n Subpart B the name, add
<ul> <li>A nonparticipating manufacturer is a person ide</li> <li>A first purchaser is a person or other entity that not originally intended by their manufacturer to be Surgeon General's health warning on the packagir</li> <li>Complete all columns. Attach additional sheets if necessar</li> </ul>	is not a participating manufacture sold in the United States. The firing.	ufacturer in the Connecticut Tobacco Directory. rer and is responsible for the cigarettes being designate st purchaser repackaged those cigarettes, so that they designed the cigarettes are the content of the cigarettes.	ed for sale in the United S could be sold in the United	ates where the cigarettes States, by affixing the req
Supplier's name, address, and FEIN	Cigarette brand family	Nonparticipating manufacturer's or first purchaser's	Number of Connec	ticut Tax Stamps affixed
		name, address, and FEIN	20's	25's
<b>-</b>	<b>&gt;</b>	▶	<b>&gt;</b>	<b>&gt;</b>
<b>•</b>	<b>&gt;</b>	▶	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>•</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
•	<b>&gt;</b>	<b>▶</b>	<b>&gt;</b>	<b>&gt;</b>
<u> </u>	<b></b>	<b>▶</b>	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b></b>	<b>▶</b>	<b>&gt;</b>	<b>&gt;</b>
<u> </u>	<b>&gt;</b>	<b>▶</b>	<b>&gt;</b>	<b>&gt;</b>
<u> </u>	<b>&gt;</b>	▶	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>•</b>	▶	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>•</b>	▶	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b>	<b>•</b>	▶	<b>&gt;</b>	<b>&gt;</b>
<b>-</b>	<b>•</b>	<b>▶</b>	<b>&gt;</b>	<b>&gt;</b>
Line 1. Subtotal for this page		1	<b>&gt;</b>	<b>&gt;</b>
Line 2. Total from attached Schedule H - Part			<b>&gt;</b>	<b></b>

Line 3. Total number of cigarette packages stamped: Add Line 1 and Line 2. Enter total on Part I, Line 5. .....

Distributor's name

Additional	<b>Sheet Number</b>	of	

# 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		
		name, address, and i Liiv	20's	25's	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
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<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>•</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
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<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	
Subtotal	ubpart P Additional Shoot(s)	on Schedule H - Part II, Subpart B, Line 2.	<b>&gt;</b>	<b>•</b>	