

Form CT-38

Record of Cigarette Stamps Purchased Nonresident Distributors

For the month of _____ 20____

Name of distributor _____ CT Tax Registration Number _____

Address of distributor _____
(Street) (City or town) (State) (ZIP code)

Attach this form to your monthly report. The total face value should agree with the amount reported on Line 2 of **Form CT-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**.

| Date | Purchase Invoice Number | Quantity of Stamps | | Total Face Value |
|--------------------------------|-------------------------|--------------------|---------|------------------|
| | | \$ 3.00 | \$ 3.75 | |
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Quantity of Stamps

| Date | Purchase Invoice Number | \$ 3.00 | \$ 3.75 | | Total Face Value |
|-----------------------------------|-------------------------|---------|---------|--|------------------|
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