

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.**

Date	Purchase Invoice Number	Quantity of Stamps			Total Face Value
		\$ 3.00	\$ 3.75		
Subtotals for this page					
Subtotals from reverse					
Totals					\$

Quantity of Stamps

Date	Purchase Invoice Number	Quantity of Stamps		Total Face Value
		\$ 3.00	\$ 3.75	
Subtotals: Enter on front.				