Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 07/11)

Form CT-39

Record of Cigarette Stamps Purchased Resident Distributor

For the month of		20		
Name of distributor	CT Tax Registration N	CT Tax Registration Number		
Address of distributor				
(Street)	(City or town)	(State)	(ZIP code)	
Attach to the distributor's monthly report. The to Stamp and Cigarette Report, Resident Distribute	9	h the amount reported on Li	ne 2 of Form CT-15, Monthly Tax	

			Quantity of Stamps	
Purchase Date Invoice Number		\$ 3.40	\$ 4.25	Total Face Value
Ç	btotals for this page			
Su	btotals from reverse			

		Quantity of Stamps			
Date	Purchase Invoice Number	\$ 3.40	\$ 4.25		Total Face Value
Subtotals: E	Enter on front.				