Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 10/15) Form CT-38

Record of Cigarette Stamps Purchased Nonresident Distributors

Name of distributor			For the month of
Distributor's address	Number and street	PO Box	Year 2 0
City or town	State	ZIP code	Connecticut Tax Registration Number

Attach this form to your monthly report.

The total face value should agree with the amount reported on **Form CT-15A**, *Monthly Tax Stamp and Cigarette Report, Nonresident Distributor*, Line 2.

		Quantity		
Date	Purchase Invoice Number	\$3.65	\$4.5625	Total Face Value
	Subtotals for this page			
	Subtotals from reverse			

		Quantity of Stamps		
Date	Purchase Invoice Number	\$3.65	\$4.5625	Total Face Value
	Subtotals: Enter on front.			
	Subtotals: Enter on front.			