

Schedule H

Cigarette Packages Stamped During the Month

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 _____ Distributor's FEIN _____ Connecticut Tax Registration Number ► _____

Distributor's address _____ Month of ► _____ Year ► _____

Cigarettes Purchased Directly From a Participating Manufacturer

Report the number of Connecticut cigarette tax stamps you affixed during the month to packages of cigarettes you purchased directly from a participating manufacturer; the name, address, and Federal Employer Identification Number (FEIN) of the participating manufacturer; **and** the brand families of the cigarettes. Complete all columns. Attach additional sheets if necessary.

Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Name	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Address	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) FEIN	Supplier's Name From Whom You Purchased Cigarette Product (if applicable)	Supplier's Address (if applicable)	Supplier's FEIN (if applicable)	Invoice Number	Cigarette Brand Family	Number of Connecticut Tax Stamps Affixed	
								20's	25's
►	►	►	►	►	►	►	►	►	►
►	►	►	►	►	►	►	►	►	►
►	►	►	►	►	►	►	►	►	►
►	►	►	►	►	►	►	►	►	►

Line 1. Subtotal for this page	1.	►		►
Line 2. Total from attached Schedule H, Additional Sheet(s). Number of additional sheet(s) _____	2.	►		►
Line 3. Add the number of stamps for each denomination. Add Line 1 and Line 2.	3.	►		►
Line 4. Number of cigarettes: Multiply Line 3 by 20 or 25, as applicable.	4.	►		►
Line 5. Total number of cigarettes stamped: Add both columns on Line 4. This amount must equal the amount shown on Form CT-15 (resident distributor), Line 18, or Form CT-15A (nonresident distributor), Line 11.	5.	►		

Schedule H

Additional Sheet

Cigarette Packages Stamped During the Month

Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Name	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) Address	Participating Manufacturer's or Non-participating Manufacturer's (PM or NPM) FEIN	Supplier's Name From Whom You Purchased Cigarette Product (if applicable)	Supplier's Address (if applicable)	Supplier's FEIN (if applicable)	Invoice Number	Cigarette Brand Family	Number of Connecticut Tax Stamps Affixed	
								20's	25's
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Subtotal: Enter total from Additional Sheet(s), on Schedule H, Line 2.								▶	▶