

Department of Revenue Services State of Connecticut CT15A 0724W 01 9999



## Form CT-15A

**Connecticut Monthly Tax Stamp and** Cigarette Report - Nonresident Distributor (Rev. 07/24)

day	of the	ent distributors must comple e month following the month 15A <b>can be filed electroni</b>	for which	the report	is made.				not later than tl	ne 25th	File and pay your taxes online! <b>Myconne</b> Revenue Services	CT
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I	Repor	t for the month ending ►				Due on or befo	ore:					
			M M -	DD-	YYYYY			M M	- D D - Y	YYY		
	Name						Con	necticut	Tax Registratio	on Numbe	r	
;	Street	address										
	0.1 /1			01.1	7. 0. 1		FEIN	1				
(	City/to	own		State	Zip Code							
								Ame	nded return		Out of business	
<b>Un</b> 1.	lnve	ted Connecticut Cig	arette Ta day of the	ax Deca month co	als and Star vered by this re	nps at Face port: Enter the to	Valu	<b>e</b> eginning				
	Inve	entories of all decals, (STR	) and (MR	TP) stam	os from Form C	T-38, Page 2 Wo	orkshe	eet.	1.			
2.	Enter total purchases actually received during the month. Total should agree with											
	Form CT-38, Page 1, Record of Cigarette Stamps Purchased Nonresident Distributors, which must accompany this report. 2.											
	······································											
3.	Total available unaffixed decals and stamps: Add Line 1 and Line 2. 3.											
4.		Closing inventory: Total should agree with Form CT-31A, Part II, Cigarette and Unaffixed										
	Sta	Stamp Inventory Report for Nonresident Distributors, which must accompany this report. 4.										
5.	Total affixed decals and stamps: Subtract Line 4 from Line 3. The total should equal											
	value of decals and stamps applied during this month.						·					
	6. Restamping credit: Total face value of decals or (STR) and (MRTP) stamps affixed in presence of a											
Suc		revenue examiner during							C			
Deductions		No credit for restamping i	s allowed	uniess thi	Is line is comple	eted.			6.	•		
edi	7.	7. All other deductions. Example: decals or (STR) and (MRTP) stamps returned to DRS for credit.						redit.				
Δ		Enter Total Deduction amount from Form CT-38, Page 2 Worksheet.							7.			
	8.	Total deductions: Add L	ine 6 and I	Line 7.					8.	•		
9.	Decals and stamps applied to unstamped cigarettes: Subtract Line 8 from Line 5.											
0.												
		Form CT-15A Filing Instructions										
Fil	ing E	Electronically				-						
		-15A can be filed and paid									fers of Unstamped Ci	igarettes
		eCT allows taxpayers to el onsibilities.	ectronicall	ly file, pay	and manage st				cut Distributor: garette_and_U	,	Stamp Inventory Re	eport fo

## Filing by Mail

File and pay your taxes online! CT

Forms CT-15A and Schedule H, Cigarette Packages Stamped During the Month, must be filed with the appropriate forms and schedules attached.

Nonresident Distributor Forms and Schedules:

- Form CT-19A, Schedule A, Record of Cigarettes Acquired in Connecticut With Stamps Already Affixed;
- Form CT-27, Schedule E, Sales and Transfers of Connecticut-Stamped Cigarettes Into Connecticut;
- Form CT-28, Schedule F, Sales and Transfers of Connecticut-Stamped Cigarettes Outside of Connecticut;

- Nonresident Distributors; or

• Form CT-38, Record of Cigarette Stamps Purchased by Distributors.

Mail Form CT-15A and the appropriate forms and schedules to: **Department of Revenue Services** PO Box 5031

Hartford CT 06102-5031

Complete this form in blue or black ink only. Do not use staples. Send the original to DRS and keep a copy for your records.

## For Additional Information on Form CT-15A

Call the Business Tax Subdivision/Excise Tax Field Unit at 860-541-3224, Monday through Friday, 8:30 a.m. to 4:30 p.m.



Report of Stamped Cigarettes, continues on Page 2. To complete Form CT-15A, sign this report in the Declaration section on Page 2. Visit us at portal.ct.gov/DRS for more information.



(Rev. 07/24)



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## **Report of Stamped Cigarettes**

Number of cigarettes, not packages, but not including cigarettes bearing stamps of other states.

10	Roa	Beginning inventory: Cigarettes bearing Connecticut decals or (STR) (MRTP) stamps: Refer to							
10.	Sch	edule 19A Part I, Enter the total of both STR and MRTP cigarettes. The amount should be the e figure with which you closed the previous month.	10.	•					
11.		R) <b>Unstamped cigarettes stamped by you:</b> Refer to Form CT-38, Page 2 Worksheet divide the subtotal amount for STR by the tax rate per cigarette (\$.2175).	11.	•					
11a.	Wor	RTP) <b>Unstamped Modified Risk cigarettes stamped by you:</b> Refer to Form CT-38, Page 2 ksheet and divide the subtotal amount for MRTP by the tax rate per rette (\$.10875)	11a.	•					
12.		arettes purchased with Connecticut decals or (STR) (MRTP) stamps already affixed: Total Ild agree with Form CT-19A, Part II Schedule A-1, which must accompany this report.	12.	•					
13.		II available cigarettes bearing Connecticut decals or (STR) (MRTP) stamps: Add Lines 11, 11a, and 12.	13.	•					
	(STF	<b>sing inventory for this month:</b> Enter the Total Number of Cigarettes bearing Connecticut decals or R) (MRTP) stamps: This number should agree with the Total Number of Cigarettes reported on n CT-31A Part I, which must accompany this report.	14.	•					
Accounting for Stamped Cigarettes	15.	Connecticut stamped cigarettes to be accounted for: Subtract Line 14 from Line 13.	15.	•					
	16.	<b>Connecticut (STR) and (MRTP) stamped cigarettes sold or transferred into Connecticut:</b> Tota should agree with Form CT-27, Schedule E, which must accompany this report.	al 16.	•					
	17.	<b>Connecticut (STR) and (MRTP) stamped cigarettes sold or transferred outside Connecticut:</b> Total should agree with Form CT-28, Schedule F, which must accompany this report.	17.	•					
	18.	Adjustments, if any: Attach detailed explanation.	18.	•					
Accol	19.	Total Connecticut (STR) and (MRTP) stamped cigarettes sold or transferred: Add Lines 16, 17, and 18.	19.	•					
	20.	Difference between Line 15 and Line 19, if any: Subtract Line 19 from Line 15.	20.	•					
21.		tamped cigarettes sold or transferred to other Connecticut distributors: Total Ild agree with Form CT-29, Schedule G, which must accompany this report.	21.	•					

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

	Taxpayer's signature	Title	Date
	Taxpayer's email		
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SCOL			
ອື່	Paid preparer's signature	Paid preparer's name	Date
Here			
<b>Sign</b> copy fo	Paid preparer's address	Paid preparer's SSN	Preparer's telephone
Keep a			
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