

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 can be filed electroni	for which	the report	is made.				not later than tl	ne 25th	File and pay your taxes online! Myconne Revenue Services	CT
1 01			ouny doing	, ing com	oor a portanot			••				
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	
Un 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	e 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) Unstamped cigarettes stamped by you: 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) Unstamped Modified Risk cigarettes stamped by you: 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	sing inventory for this month: 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.	Connecticut (STR) and (MRTP) stamped cigarettes sold or transferred into Connecticut: Tota should agree with Form CT-27, Schedule E, which must accompany this report.	al 16.	•					
	17.	Connecticut (STR) and (MRTP) stamped cigarettes sold or transferred outside Connecticut: 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			
Sign copy fo	Paid preparer's address	Paid preparer's SSN	Preparer's telephone
Keep a			
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