Department of Revenue Services State of Connecticut PO Box 5031 Hartford CT 06102-5031 (Rev. 07/24)

## Form CT-19A

## Schedule A-1

Cigarettes Purchased With Connecticut Decals or Stamps Already Affixed

Name of Distributor					
Address of Distributor			Month of	20	
Part I: Worksheet for CT-15A: E	Beginning Inventory Rep	ort of Stamped Cigarettes			
Beginning Inventory Cigarettes bearing Connecticut decals or	Standard Tax Rate \$4.35	Modified Risk Tobacco Product \$2.175		Total	
(STR) (MRTP) stamps					

Enter total amount on Form CT-15A Line 10.

Part II: The total of Form CT-19A, *Schedule A-1*, should agree with the amount reported on Line 12 of Form CT-15A, *Monthly Tax Stamp and Cigarette Report, Nonresident Distributor.* Forward Form CT-19A to the Department of Revenue Services with Form CT-15A.

			Number of Cigarettes		
Date Received	From Whom Purchased or Acquired	Supplier Invoice Number	Standard Tax Rate (STR) \$4.35	Modified Risk Tobacco Product (MRTP) \$2.175	Total
Enter total amour	nt on Form CT-15A Line 12. Total				

(Continue on reverse side if necessary)

			Number of Cigarettes			
Date Received	From Whom Purchased or Acquired	Supplier Invoice Number	Standard Tax Rate (STR) \$4.35	Modified Risk Tobacco Product (MRTP) \$2.175	Total	
		<u> </u>				
Enter total amour	nt on Form CT-15A Line 12. Total					