



Distributor's name			CT Tax Registration Number	
			-	
Distributor's street address			FEIN	
			-	
City/town	State	Zip Code		

Part 1 - Distributor's Affidavit

	Col. A Number of Packs	Col. B Brand Name	Col. C Stamp Denomination	Col. D Stamp Color	Col. E Gross Value Stamps (Multiply Col. A by Col. C)
1. ▶					
2. ▶					
3. ▶					
4. ▶					
5. ▶					
6.	Total: Add Column E, Lines 1 through 5. Round to nearest whole dollar.				.00
7.	1% discount				.00
8.	Net refund due: Subtract Line 7 from Line 6.				.00

Reason for this return:

Sign This Before A Notary Public

I, being a person over eighteen years of age and being duly sworn, depose and say:

1. If I am not the distributor named above, I have been authorized by that distributor to execute this cigarette tax refund claim on behalf of that distributor; **and**
2. I have examined this cigarette tax refund claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

Print Name

Title

State of

County of

On _____, 20____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that _____ executed the same for the purpose described.

In witness whereof I hereunto set my hand.

Signature

My commission expires on _____, 20____.

(Notary Public: affix seal here)



CT Tax Registration Number

Name of manufacturer:

The cigarettes listed below, to which Connecticut tax stamps or decals were affixed, were received:

From

On

_____, 20____

Part 2 - Manufacturer's Affidavit

	Col. A Number of Packs	Col. B Brand Name	Col. C Stamp Denomination	Col. D Stamp Color	Col. E Gross Value Stamps (Multiply Col. A by Col. C)
1.			.		
2.			.		
3.			.		
4.			.		
5.			.		
6.			.		
7.			.		
8.			.		

Sign This Before A Notary Public

I, being a person over eighteen years of age and being duly sworn, depose and say:

1. If I am not the manufacturer named above, I have been authorized by that manufacturer to execute this affidavit on behalf of that manufacturer;
2. The manufacturer named above will not reship these cigarettes into Connecticut; **and**
3. I have examined this cigarette tax refund claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

Print Name

Title

State of

County of

On _____, 20____, before me, the undersigned officer, personally appeared _____,

known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that _____ executed the same for the purpose described.

In witness whereof I hereunto set my hand.

Signature

My commission expires on _____, 20____.

(Notary Public: affix seal here)

Form CT-30 Instructions

General Instructions

Licensed cigarette distributors complete *Part 1, Distributor's Affidavit*. Once Part 1 is completed and notarized, the licensed cigarette distributor **must** forward Form CT-30 to the manufacturer. (Conn. Gen. Stat. §12-300 and Conn. Agencies Regs. §12-313-4a)

The manufacturer **must** complete *Part 2, Manufacturer's Affidavit* and return it to the distributor. (Conn. Gen. Stat. §12-300 and Conn. Agencies Regs. §12-313-4a)

The Department of Revenue Services (DRS) **will not issue a refund unless** both Part 1 and Part 2 are properly completed.

Mail Form CT-30 and the appropriate forms to:

**Department of Revenue Services
PO Box 5031
Hartford CT 06102-5031**

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your cigarette tax refund claim. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the total amount to enter on a line, include cents and round off only the total. If you do not round, DRS will disregard the cents.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Part 1: Distributor's Affidavit

The distributor **must** complete Part 1 of Form CT-30 and sign it before a notary public.

Part 2: Manufacturer's Affidavit

The manufacturer **must** complete Part 2 of Form CT-30 and sign it before a notary public.

Additional Information

If you need additional information or assistance, call the Excise Taxes Unit at 860-541-3224, Monday through Friday, 8:30 a.m. to 4:30 p.m. Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms.