

Form CT-24

Schedule D

Unstamped Cigarettes Transferred to Another Distributor Within Connecticut

File in Duplicate

For the Month of _____ 20 _____

Transferred by: _____ Distributor's License No. _____
 (Name and Address of Distributor)

Transferred to: _____ Distributor's License No. _____
 (Name and Address of Distributor to Whom Transferred)

1. List all shipments of unstamped cigarettes transferred to another distributor within Connecticut during the month.
2. Use a separate schedule for each distributor.
3. The total of **Form CT-24, Schedule D**, should agree with the amount reported on Line 17 of **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**. Forward **Form CT-24** to the Department of Revenue Services with **Form CT-15**.

Date	Invoice Number	Number of Cigarettes	Date	Invoice Number	Number of Cigarettes
Column Total			Column Total		

(Continue on reverse side if necessary)

