DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT Excise/Public Services Taxes Subdivision 25 Sigourney Street Hartford CT 06106-5032

## Form CT-25

## Schedule C

File in Duplicate

Rev. 11/01

## Sales and Transfers of Unstamped Cigarettes Outside of Connecticut

Cigarettes transferred from Connecticut into State of (Consignee's state):							
Name of Distrib	outor Distributo	or's License No					
Address of Dist	ributor	Month of		20			
<ol> <li>Indicate in C</li> <li>The total of I</li> </ol>	ales, transfers, and returns outside Connecticut. Use separate sheets Column 3 whether or not the cigarettes are stamped with the consigned Form CT-25, Schedule C, should agree with the amount reported on Line port, Resident Distributor. Forward Form CT-25 to the Department of F	e state's indicia le 16 of <b>Form</b> (	CT-15, Monthly				
Column 1 Date	Column 2 Name and Address To Whom Sold, Transferred, or Returned	Column 3 Yes or No	Column 4 Invoice No.	Column 5 No. of Cigarettes			
	Total						

Column 1  Date	Column 2 Name and Address to Whom Sold, Transferred, or Returned	Column 3 Yes or No	Column 4 Invoice No.	Column 5 No. of Cigarettes
	Brought Forward			
	Total			