

Form CT-30

Cigarette Tax Refund Claim

Stamps Affixed to Packages

Part 1 Name of Distributor _____ Distributor's License No. _____

The cigarettes listed below, to which Connecticut cigarette stamps or decals were affixed, were returned to the distributor named above on _____, 20 ____.

(A) Number of Packs	(B) Brand Name	(C) Stamp Denomination	(D) Stamp Color	(E) Gross Value Stamps (Multiply A by C)
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
		6. Add Lines 1 through 5		\$
		7. Subtract discount		\$
		8. Net refund due (Line 6 minus Line 7)		\$

Reason for Return _____

Distributor's Affidavit

Sign This Before A Notary Public

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

- 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.
- 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)

Part 2 Name of Manufacturer _____

The cigarettes listed below, to which Connecticut cigarette tax stamps or decals were affixed and were received from _____ on _____, 20 ____.

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

Manufacturer's Affidavit

Sign This Before A Notary Public

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

- If I am not the manufacturer named above, I have been authorized by that manufacturer to execute this affidavit on behalf of that manufacturer.
- The manufacturer named above will not reship these cigarettes into Connecticut.
- 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)

Part 3
For DRS
Use Only

I have audited the reports of the distributor named above, and find that a credit memorandum dated _____ in the amount of \$ _____ was issued by the manufacturer named above to the distributor.

Signature of Revenue Examiner

Credit Approved by:
Tax Division Chief - Excise/Public Services Subdivision

Cigarette Tax Stamp Refund Instructions

General Instructions

Conn. Gen. Stat. §12-300 and Conn. Agencies Regs. §12-313-4a require a licensed cigarette distributor to complete Part 1. Once completed and notarized, the licensed cigarette distributor must forward **Form CT-30** to the manufacturer, who, as required by Conn. Gen. Stat §12-300 and Conn. Agencies Regs. §12-313-4a, must complete Part 2 and return it to the distributor. The Department of Revenue Services (DRS) will not issue a refund unless both Part 1 and Part 2 are properly completed.

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.

Part 3: DRS Use Only

DRS completes this section.