Department of Revenue Services
State of Connecticut
Excise/Public Services Taxes Subdivision
25 Sigourney Street
Hartford CT 06106-5032

Form CT-31A

Cigarette and Unaffixed Stamp Inventory Report for Nonresident Distributors

Rev. 03/03

Inventory of Cigarettes for the Month of	20	-	
Name of Distributor:	Distributor's License No		
Address of Distributor:(Street)	(City or Town)	(State)	(ZIP Code)
Inventory Taken by:			
	(Print Name)		

Part I and Part II inventories are part of your monthly cigarette report and must be filed with the report.

Part I. Stamped Cigarette Inventory

Report only cigarettes to which Connecticut cigarette tax stamps or decals have been affixed. The total of Form CT-31A, Part I, should agree with the amount reported on Line 14 of **Form CT-15A**, *Monthly Tax Stamp and Cigarette Report, Nonresident Distributor.*

Brand	Column A Individual Cigarettes	Brand	Column B Individual Cigarettes
Column A Total		Column B Total	
		Total of Columns A and B	

Part II. Unaffixed Connecticut Cigarette Tax Stamps or Decals

The total of Form CT-31A, Part II, should agree with the amount reported on Line 4 of Form CT-15A.

orized Signature	Bate		
	Date		
aration: I declare under penalty of law to the ments) and, to the best of my knowledge as se return or document to DRS is a fine of	ind belief, it is true, complete, ar	nd correct. I understand that the	e penalty for willfully deli
	Total Face Value	\$	
	1.0073		
	@ 1.8875	\$	
	@ 1.51	\$	
Tax Stamps or Decals	Face Value of Each	Total	For DRS Use Only