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

Rev. 03/03

Form CT-39

Record of Cigarette Stamps Purchased
Resident Distributor

For the Month of _____ 20 _____

Name of Distributor: _____ Distributor's License No. _____

Address of Distributor: _____
(Street) (City or Town) (State) (ZIP Code)

Attach to the distributor's monthly report. The total face value should agree with the amount reported on Line 2 of **Form CT-15**, *Monthly Tax Stamp and Cigarette Report Resident Distributor.*

		Quantity of Stamps			
Date	**Purchase Invoice Number**	**$ 1.51**	**$ 1.8875**		**Total Face Value**
Subtotals for this page					
Subtotals from reverse					
				Totals	$

(Continue on Reverse if Necessary)

		Quantity of Stamps			
Date	Purchase Invoice Number	$ 1.51	$ 1 .8875		Total Face Value
Subtotals (Enter on front)					