Department of Revenue Services
PO Box 5031
Hartford CT 06102-5031
(Rev. 10/05)

Form CT-27

Schedule E

File in Duplicate

Sales and Transfers of Connecticut-Stamped Cigarettes Into Connecticut

Name of Distributor _____ CT Tax Registration Number _____

Address of Distributor _____ Month of _____ 20 _____

1. Nonresident distributors selling or transferring Connecticut-stamped cigarettes into Connecticut must file this schedule.
2. The total of **Form CT-27**, *Schedule E,* should agree with the amount reported on Line 16 of **Form CT-15A**, *Monthly Tax Stamp and Cigarette Report, Nonresident Distributor.* Forward **Form CT-27** to the Department of Revenue Services with **Form CT-15A**.

Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Total		

(Continue on reverse side if necessary)

Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Brought Forward		