

Form CT-38

Record of Cigarette Stamps Purchased Nonresident Distributor

For the Month of _____ 20 _____

Name of Distributor _____ CT Tax Registration Number _____

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-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**.

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

Quantity of Stamps

Date	Purchase Invoice Number	\$ 1.51	\$ 1.8875		Total Face Value
Subtotals (Enter on front)					