

# Form CT-38

## Record of Cigarette Stamps Purchased Nonresident Distributors

Name of distributor	For the month of
Distributor's address <small>Number and street PO Box</small>	Year <b style="font-size: 1.2em;">20</b> __ __
City or town <small>State ZIP code</small>	Connecticut Tax Registration Number

Attach this form to your monthly report.

The total face value should agree with the amount reported on **Form CT-15A, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**, Line 2.

Date	Purchase Invoice Number	Quantity of Stamps		Total Face Value
		\$4.35	\$5.4375	
<b>Subtotals for this page</b>				
<b>Subtotals from reverse</b>				
<b>Totals \$</b>				

