Department of Revenue Services PO Box 5031 Hartford CT 06102-5031

(Rev. 11/17)

## Form CT-31

## Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors

Name of distributor			Inventory of cigarettes for the month of
Distributor's address	Number and street	PO Box	Year <b>2 0</b>
City or town	State	ZIP code	Connecticut Tax Registration Number
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 - Unstamped Cigarette Inventory

Report only cigarettes to which Connecticut cigarette tax stamps or decals have not been affixed including cigarettes bearing stamps or decals of other states. The total of **Form CT-31**, Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors, Part I - Unstamped Cigarette Inventory, should agree with the amount reported on **Form CT-15**, Monthly Tax Stamp and Cigarette Report, Resident Distributor, Line 13.

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

## Part II - Unaffixed Connecticut Cigarette Tax Stamps or Decals

Inventory of cigarettes for the month of

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

Year

	20		
			T
Quantity of Connecticut Cigarette Tax Stamps or Decals	Face Value of Each	Total	For DRS Use Only

Tax Stamps or Decals

Face Value of Each

@ \$4.35

@ \$5.4375

Total face value

\$

**Declaration:** I declare under penalty of law that I have examined this return or document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Authorized Signature	Date
Print Name	Title