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

Form CT-19A

Schedule A-1

Cigarettes Purchased With Connecticut Decals or Stamps Already Affixed

Name of Distributor ______ CT Tax Registration Number _____

Address of Distributor			_Month of	20	
The total of Form CT-19A , <i>Schedule A-1</i> , should agree with the amount reported on Line 12 of Form CT-15A , <i>Monthly Tax Stamp and Cigarette Report, Nonresident Distributor.</i> Forward Form CT-19A to the Department of Revenue Services with Form CT-15A .					
Date Received	From Whom Purchased or Acquired		Supplier Invoice Number	Number of Cigarettes	
		Total			
		· Otai			

(Continue on reverse side if necessary)

Date Received	From Whom Purchased or Acquired	Supplier Invoice Number	Number of Cigarettes
	Brought Forward		
	Total		