

CT-50

Certificate of Cigarette Tax Re-Stamping Credit

Distributor's Name <i>(Type or print)</i>	Distributor's License No.	Total Face Value
Number and Street		CT Tax Registration Number
City, Town or Post Office State	Zip Code	FEIN
		SSN

I certify:

- 1a. That _____ Connecticut cigarette tax stamps or decals of _____ denomination with a total face value of \$ _____ have been superimposed over unacceptable stamps in my presence and under my direct supervision; or
- b. That _____ Connecticut cigarette tax stamps or decals of _____ denomination with a total face value of \$ _____ have been applied under my direct supervision to packages of cigarettes contained in cartons, to the **flaps** of which heat-applied Connecticut cigarette tax stamps or decals were affixed; and
2. That I have obliterated with a heavy, indelible pencil all stamps represented in the pertinent paragraph above to prevent their being further claimed for credit.

Total Face Value ▶ 1. \$ _____
 Less Discount Allowance ▶ 2. \$ _____
 Net Credit Due ▶ 3. \$ _____

The total **face value** listed above has been entered by me in the distributor's purchase order record on Purchase Order dated _____. The distributor must enter this amount on Line 6 of its monthly cigarette reports.

Final approval by:

Verified by:

 Signature of Excise Field Unit Supervisor

 Signature of Revenue Examiner

 Date

 Date