Department of Revenue Services PO Box 5031 Hartford CT 06102-5031 (Rev. 06/07)

Form CT-27

Schedule E

Sales and Transfers of Connecticut-Stamped Cigarettes Into Connecticut

Name of Distributor	r CT Tax Registration Number			
Address of Distribut	tor	Month of		
2. The total of Forn	ributors selling or transferring Connecticut-stamped cigarettes into Conne n CT-27, Schedule E, should agree with the amount reported on Line 16 of It, Nonresident Distributor. Forward Form CT-27 to the Department of Rever	Form CT-15A, Monthly	Tax Stamp and	
Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes	

Date	Name and Address to Whom Sold, Transferred, or Returned	Invoice Number	Number of Cigarettes
	Total From Front		
	Total		