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

Form CT-28

Schedule F

Sales and Transfers of Connecticut-Stamped Cigarettes Outside of Connecticut

Name of Distribu	utor CT Tax Registratio	CT Tax Registration Number		
Address of Distri	butor	Month of	20	
When manufa be listed on oThe total of Fo	distributors selling or transferring Connecticut-stamped cigarettes outside of acturers are listed below, use one Schedule F for each manufacturer and file one Schedule F and no duplicate copies are required. Form CT-28, Schedule F, should agree with the amount reported on Line 17 of cort, Nonresident Distributor. Forward Form CT-28 to the Department of Rev	e in duplicate. All non-mains from CT-15A, Monthly	anufacturers may 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		