



Username

Password

[Log in](#)

[Forgot Username or Password?](#)

Logging in for the first time?
[Create a Username](#)

Filing a CT-15 Return with Schedule H

Register a new business, file returns and make payments without creating a myconnect username. Available forms to file non-logged on include: Attorney Occupational Tax, Estate and Gift Tax, and Controlling Interest Tax. For other returns and filing options, login with your Connecticut Registration Number.

- > [New Business/Need a CT Registration Number?](#)
- > [Make a Bill Payment](#)
- > [Apply/Renew Tax Exemption Form](#)
- > [File Returns/Extension](#)

Individuals can make payments and file certain forms without logging in. Click on a link below for more options. DRS recommends you create a username for all filing transactions.

- > [Make a Payment or Estimated Payment](#)
- > [File Returns/Taxes](#)
- > [File an Extension](#)
- > [Where's my Refund?](#)
- > [What's My 1099-G Amount?](#)
- > [Upload Earned Income Tax Credit \(EITC\) Documents](#)
- > [File your Earned Income Tax Credit \(EITC\) Protest](#)
- > [View Tax Calculators](#)

Shortcuts to other DRS resources

- > [Make a Warrant Payment](#)
- > [myCTREC - Connecticut Real Estate Conveyance Tax Electronic Filing Portal](#)
- > [Earned Income Tax Credit Information \(EITC\)](#)
- > [DRS Publications](#)
- > [New Businesses Portal](#)
- > [Individual Income Tax Information](#)
- > [Third Party Bulk Filers Information](#)





Log in

[Forgot Username or Password?](#)

Logging in for the first time?

[Create a Username](#)

The data you see in this tutorial is completely fictitious. It was made for instructional purposes only. Any resemblance to a real person or business is completely coincidental.

> [View Tax Calculators](#)





Once you are logged in to **myconneCT**, the Summary page is displayed. Locate your Cigarette Distributor account.

To begin, click the **File Now** hyperlink.

Summary Action Center Settings More...

Filter

Cigarette Distributor

Wholesaler Stamper
G BRUSH DISTRIBUTORS, INC
300 N MAPLE ST
ENFIELD CT 06082-2131

Return Period Ending On 31-Mar-2023 [> File Now](#)

Monthly Filer

Due

25-Apr-2023

Account

Account ID: 0199954671
CT Registration No: 100401101001

Balance

\$0.00

- [> View/File Returns and View Period Detail](#)
- [> Order Cigarette Stamps](#)
- [> Make a Payment](#)

Tobacco Products

G BRUSH DISTRIBUTORS, INC
300 N MAPLE ST
ENFIELD CT 06082-2131

Return Period Ending On 31-Mar-2023 [> File Now](#)

Monthly Filer

Due

25-Apr-2023



< G BRUSH DISTRIBUTORS, INC

Form CT-15 Connecticut Monthly Tax Stamp and Cigarette Report - Resident Distributor

25-Apr-2023

Due Date

31-Mar-2023

Cigarette Distributor

100401101001

G BRUSH DISTRIBUTORS, INC



Report Line Items

Enter the **Unaffixed Connecticut Cigarette Tax Decals and Stamps at Face Value** return line items.

Unaffixed Connecticut Cigarette Tax Decals and Stamps at Face Value

1. Inventory on hand on the first day of the month covered by this report	189,720.00
2. Enter total purchases actually received during the month. Total should agree with Form CT-39, Record of Cigarette Stamps Purchased Resident Distributors, which must accompany this report	0.00
3. Total available unaffixed decals and stamps (Sum of line 1 and 2)	189,720.00
4. Closing inventory. Total should agree with Form CT-31, Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors, which must accompany this report.	159,763.00
5. Total affixed decals and stamps (Line 4 subtracted from line 3)	29,957.00
6. Restamping credit. Total face value of decals or stamps affixed in presence of a revenue examiner during the month to correct unacceptable indicia and entered by the examiner on Form O-252, Order Form for Connecticut Cigarette Tax Stamps. No credit for restamping is allowed unless this line is completed	0.00
7. All other deductions	0.00
8. Total deductions (Sum of lines 6 and 7)	0.00

Distributor

31-Mar-2023
Cigarette Distributor
100401101001
G BRUSH DISTRIBUTORS, INC



Report Line Items

Once you have entered all applicable fields, click **Next**.

Unaffixed Connecticut Cigarette Tax Decals and Stamps at Face Value

1. Inventory on hand on the first day of the month covered by this report	189,720.00
2. Enter total purchases actually received during the month. Total should agree with Form CT-39, Record of Cigarette Stamps Purchased Resident Distributors, which must accompany this report	0.00
3. Total available unaffixed decals and stamps (Sum of line 1 and 2)	189,720.00
4. Closing inventory. Total should agree with Form CT-31, Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors, which must accompany this report.	159,763.00
5. Total affixed decals and stamps (Line 4 subtracted from line 3)	29,957.00
6. Restamping credit. Total face value of decals or stamps affixed in presence of a revenue examiner during the month to correct unacceptable indicia and entered by the examiner on Form O-252, Order Form for Connecticut Cigarette Tax Stamps. No credit for restamping is allowed unless this line is completed	0.00
7. All other deductions	0.00
8. Total deductions (Sum of lines 6 and 7)	0.00
9. Decals and stamps applied to unstamped cigarettes (Line 8 subtracted from line 5)	29,957.00

Cancel

Save Draft

< Previous

Next >

Complete the Report of Unstamped Cigarettes return line items, then click **Next**.

Report of Unstamped Cigarettes

10. Beginning inventory. This should be the same figure with which you closed the previous month	435,720
11. Total cigarettes purchased or otherwise acquired. Total should agree with Form CT-19, Schedule A, which must accompany this report	720,000
12. Total available cigarettes (Sum of lines 10 and 11)	1,155,720
13. Closing inventory this month. Total should agree with Form CT-31, which must accompany this report	878,540
14. Unstamped cigarettes to be accounted for (Line 13 subtracted from line 12)	277,180
15. Sales to agencies of U.S. and Connecticut. Total should agree with Form CT-23, Schedule B, which must accompany this report	134,675
16. Sales and transfers outside Connecticut. Total should agree with Form CT-25, Schedule C, which must accompany this report	0
17. Sales and transfers to licensed distributors. Total should agree with Form CT-24, Schedule D, which must accompany this report	0
18. Unstamped cigarettes stamped by you (Line 9 divided by the tax rate per cigarette (\$0.2175))	137,733
19. Other	0
20. Unstamped cigarettes to be accounted for (Sum of lines 15 through 19)	272,408
21. Unstamped cigarettes not accounted for (Subtract line 20 from line 14)	4,772

Cancel

Save Draft

< Previous

Next >

Click **Add** to attach the required schedules and return documentation.

Important: The required Schedule H file layout is available for download from the DRS website: [here](#).

For form instructions, please click [here](#).

Report Documentation

Form CT-15 must be filled out with the appropriate forms and schedules attached. You can visit the [CT Department of Revenue services website](#) to download and print the forms listed below.

- **Schedule H**, *Cigarette Packages Stamped During the Month*;
- **Form CT-19**, *Schedule A, Record of Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired*;
- **Form CT-23**, *Schedule B, Shipments of Unstamped Cigarettes Made to Agencies of the Federal or Connecticut State Government*;
- **Form CT-24**, *Schedule D, Unstamped Cigarettes Transferred to Another Distributor Within Connecticut*;
- **Form CT-25**, *Schedule C, Sales and Transfers of Unstamped Cigarettes Outside of Connecticut*;
- **Form CT-31**, *Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors*; or
- **Form CT-38**, *Record of Cigarette Stamps Purchased by Distributors*.

[Click here to see file specifications](#)

Attachments

[Add](#)

Type	Name	Size
------	------	------

There are no attachments.

Cancel

Save Draft

< Previous

Next >

Form CT-15 Connecticut Monthly Tax Stamp and Cigarette Report - Resident Distributor

25-Apr-2023

Due Date

31-Mar-2023

Cigarette Distributor

100401101001

G BRUSH DISTRIBUTORS, INC

Report Line Items

Report Line Items (Continued)

Report Documentation

For form instructions, please click [here](#).

Report Documentation !

Form CT-15 must be filled out with the appropriate forms

- **Schedule H**, Cigarette Packages Stamped During the Month
- **Form CT-19**, Schedule A, Record of Unstamped Cigarettes
- **Form CT-23**, Schedule B, Shipments of Unstamped Cigarettes
- **Form CT-24**, Schedule D, Unstamped Cigarettes Transferred
- **Form CT-25**, Schedule C, Sales and Transfers of Unstamped Cigarettes
- **Form CT-31**, Cigarette and Unaffixed Stamp Inventory
- **Form CT-38**, Record of Cigarette Stamps Purchased

[Click here to see file specifications](#)

Select a file to attach

Type *

Required

Required

File *

Browse...

No file selected.

Cancel

OK

Select the type of documentation and click **Browse** to attach the necessary documentation. At this time we will add Schedule H.

Cancel

Save Draft

< Previous

Next >

Form CT-15 Connecticut Monthly Tax Stamp and Cigarette Report - Resident Distributor

25-Apr-2023

Due Date

31-Mar-2023

Cigarette Distributor

100401101001

G BRUSH DISTRIBUTORS, INC

Report Line Items

Report Line Items (Continued)

Report Documentation

Once you have selected the document or file, click **OK**.

Report Documentation

Form CT-15 must be filled out with the appropriate forms

- **Schedule H**, Cigarette Packages Stamped During the Month
- **Form CT-19**, Schedule A, Record of Unstamped Cigarettes
- **Form CT-23**, Schedule B, Shipments of Unstamped Cigarettes
- **Form CT-24**, Schedule D, Unstamped Cigarettes Transferred
- **Form CT-25**, Schedule C, Sales and Transfers of Unstamped Cigarettes
- **Form CT-31**, Cigarette and Unaffixed Stamp Inventory
- **Form CT-38**, Record of Cigarette Stamps Purchased

[Click here to see file specifications](#)

Select a file to attach

Type

Schedule H

File

CT DRS Schedule H.csv

Cancel

OK

Attachments

[Add](#)

Type

Name

Size

There are no attachments.

Cancel

Save Draft

< Previous

Next >

Once the Schedule H is uploaded, a preview of the first five rows is displayed. If the uploaded file contains errors, the details of the errors will be provided for your review. You can upload the file as many times as necessary. You will not be able to continue unless all errors are corrected.

Click **Add** to continue adding required documentation.

Attachments [Add](#)

Type	Name	Size
Schedule H	CT DRS Schedule H.csv	2 Remove

File Preview ☰

Record Field	DistributorFEIN	DistributorName	DistributorStreet	DistributorStreet2	DistributorCity	DistributorState	DistributorZip	DistributorCountry	Code	ManufacturerName
Record 1 Value	888888888	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555555	Dist Count	A	Manufacturer Name
Record 2 Value	888888889	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555556	Dist Count	A	Manufacturer Name
Record 3 Value	888888890	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555557	Dist Count	A	Manufacturer Name
Record 4 Value	888888891	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555558	Dist Count	A	Manufacturer Name
Record 5 Value	888888892	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555559	Dist Count	A	Manufacturer Name

[Cancel](#)

[Save Draft](#)

[< Previous](#)

[Next >](#)

Select the type of documentation and click **Browse** to attach the necessary documentation. Click **OK**.

- **Form CT-19**, Schedule A, Record of Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired;
- **Form CT-23**, Schedule B, Shipments of Unstamped Cigarettes Made to Agencies of the Federal or Connecticut State Government;
- **Form CT-24**, Schedule D, Unstamped Cigarettes Transferred to Another Distributor Within Connecticut;
- **Form CT-25**, Schedule C, Sales and Transfers of Unstamped Cigarettes Outside of Connecticut;
- **Form CT-31**, Cigarette and Unaffixed Stamp Inventory Report for Resident Distributors; or
- **Form CT-38**, Record of Cigarette Stamps Purchased by Distributors.

[Click here to see file specifications](#)

Attachments

Type

Schedule H

Select a file to attach

Type

Return Documentation

File

CT-19 Schedule A.pdf

Cancel

OK

File Preview

Record Field	DistributorFEIN	DistributorName	DistributorAddress	DistributorCity	DistributorState	DistributorZip	DistributorCountry	Code	ManufacturerName
Record 1 Value	888888888	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT 55555555	Dist Count	A	Manufacturer Name
Record 2 Value	888888889	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT 55555556	Dist Count	A	Manufacturer Name
Record 3 Value	888888890	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT 55555557	Dist Count	A	Manufacturer Name
Record 4 Value	888888891	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT 55555558	Dist Count	A	Manufacturer Name
Record 5 Value	888888892	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT 55555559	Dist Count	A	Manufacturer Name

Cancel

Save Draft

< Previous

Next >

Form CT-15 must be filled out with the appropriate forms and schedules attached. You can visit the [CT Department of Revenue services website](#) to download and print the forms listed below.

- **Schedule H**, *Cigarette Packages Stamped During the Month*;
- **Form CT-19**, *Schedule A, Record of Unstamped Cigarettes Manufactured, Purchased, or Otherwise Acquired*;

Repeat the previous steps until all required supporting documentation has been uploaded. Once you have all forms and schedules, click **Next**.

Attachments Add

Type	Name	Size
Return Documentation	CT-19 Schedule A.pdf	2,130 Remove
Schedule H	CT DRS Schedule H.csv	2 Remove

File Preview ☰

Record Field	DistributorFEIN	DistributorName	DistributorStreet	DistributorStreet2	DistributorCity	DistributorState	DistributorZip	DistributorCountry	Code	ManufacturerName	M
Record 1 Value	888888888	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555555	Dist Count	A	Manufacturer Name	
Record 2 Value	888888889	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555556	Dist Count	A	Manufacturer Name	
Record 3 Value	888888890	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555557	Dist Count	A	Manufacturer Name	
Record 4 Value	888888891	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555558	Dist Count	A	Manufacturer Name	
Record 5 Value	888888892	Distributor Name	Distributor Street 1	Distributor Street 2	Distr City	CT	555555559	Dist Count	A	Manufacturer Name	

Cancel

Save Draft

< Previous

Next >



< G BRUSH DISTRIBUTORS, INC

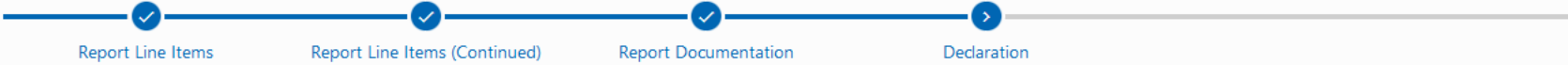
Form CT-15 Connecticut Monthly Tax Stamp and Cigarette Report - Resident Distributor

25-Apr-2023

Due Date

31-Mar-2023

Enter your electronic signature, then click **Submit**.



Paid Tax Preparer

I am a Paid Tax Preparer

Declaration of Taxpayer(s)

I declare under the penalty of law that I have examined this report (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false report or document to DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Once you have agreed that all the information is correct, select "Submit" below to complete this filing. Upon successful filing, you will receive a confirmation number and the option to print a copy of this filing information.

Sign Here

Taxpayer's Signature (Name)

Gary Brush

Date

23-Apr-2023

Cancel

Save Draft

< Previous

Submit



< G BRUSH DISTRIBUTORS, INC

Confirmation

Your return has been submitted to the Connecticut Department of Revenue Services. The return will be posted to your account after your submission is processed. Your confirmation number is: **0-000-016-960**.

Filing Details:

Date Submitted: 4/23/2023 3:20:34 PM
Tax Type: Cigarette Distributor
Form Type: CT-15
Period End: 3/31/2023
Amount of Payment: \$0.00

If you are no longer subject to the Cigarette Distributor tax in Connecticut; please go to the "More..." tab and then "Taxpayer Updates" to close your Cigarette Distributor tax.

Please note: You are responsible to file/pay all returns for any tax type(s) you are closing through the end of the close date.

You are required to upload monthly PACT Act reports. Please navigate to the "More" section in myconneCT to upload documentation.

OOPS? If you want to make a change, it is not too late. While a return is still pending, you can return to your account, view your submission, and edit as necessary.

Printable View

OK

Upon successful submission of your return, you will be directed to a Confirmation page.
Click **OK** to return to the Account Summary.



Username

Password

Log in

[Forgot Username or Password?](#)

Logging in for the first time?

[Create a Username](#)

[Click here](#) for more tutorials!

- > [Make a Bill Payment](#)
- > [Apply/Renew Tax Exemption Form](#)
- > [File Returns/Extension](#)

- > [File an Extension](#)
- > [Where's my Refund?](#)
- > [What's My 1099-G Amount?](#)
- > [Upload Earned Income Tax Credit \(EITC\) Documents](#)
- > [File your Earned Income Tax Credit \(EITC\) Protest](#)
- > [View Tax Calculators](#)

- > [Earned Income Tax Credit Information \(EITC\)](#)
- > [DRS Publications](#)
- > [New Businesses Portal](#)
- > [Individual Income Tax Information](#)
- > [Third Party Bulk Filers Information](#)

