Massachusetts Department of Revenue

Schedule CT-1C

Cigarettes Transferred from Massachusetts Into Another State

File this form in duplicate. Use separate sheets for each state. Include all sales outside Massachusetts.

License number | Tax filing period (mm/yyyy)

Name of licensee

Street address

City/Town | State | Zip

State cigarettes transferred to

		– To whom sold –		*– Number of cigarettes –*		
Date transferred (mm/dd/yyyy)	**Invoice number**	**Name**	**Address**	**a. 20s** stamped	**b. 25s** stamped	**c. Misc.** unstamped

Enter amounts at top of next page.

STAPLE CHECK HERE

Declaration

The undersigned certifies under the penalties of perjury that all lines and statements herein contained or upon schedules attached hereto are true and accurate in every particular.

Print name of licensee | Signature | Date

License number | For month of | Year

Date transferred (mm/dd/yyyy)	Invoice number	– To whom sold – Name	Address	– Number of cigarettes – a. 20s stamped	b. 25s stamped	c. Misc. unstamped
Amounts from other side						
Subtotals						

Total. Add columns a, b and c. Enter here and on Form CT-1, line 12 . . . .