



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 Zim

State cigarettes transferred to

- To whom sold -

- Number of cigarettes -

Enter amounts at top of next page.

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

- To whom sold -

– Number of cigarettes –

Date transferred
(mm/dd/yyyy)

**Invoice
number**

Name _____

Address

a. 20s
stamped

b. 25s
stamped

c. Misc.
unstamped

Amounts from other side

Table 1. Summary of the main characteristics of the three groups of patients.

Subtotals

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

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