Rev. 6/12

Massachusetts Department of Revenue

Schedule CTS-1C
Stamped Cigarettes Sold in Massachusetts

Include all sales of stamped cigarettes into Massachusetts.

License number | For month of | Year

Name of licensee

Mailing address | City/Town | State | Zip

State cigarettes transferred to

Date transferred	Invoice number	To whom sold: Name	To whom sold: Address	Number of cigarettes: a. 20s Stamped	Number of cigarettes: b. 25s Stamped	Number of cigarettes: c. Miscellaneous Unstamped

Date transferred	Invoice number	To whom sold		Number of cigarettes		
		Name	Address	a. 20s Stamped	b. 25s Stamped	c. Miscellaneous Unstamped
			Amounts from other side			
			Subtotals			

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