CITY OF STAUNTON
COMMISSIONER OF THE REVENUE
116 W. Beverley Street
P.O. Box 4
Staunton, VA 24402-0004
Phone: (540) 332-3829
Fax: (540) 851-4022

CIGARETTE TAX MONTHLY DISTRIBUTION ACCOUNTING FORM

To be completed and mailed monthly to the Commissioner of the Revenue no later than the 20th of the month following the reporting period.

Applicant:
Mailing Address:
City, State, Zip:
FEIN:
Cigarette Tax License #:

For the Month & Year Ending: _____

1. Quantity of Cigarette Packages sold or delivered in Staunton	
2. Quantity of Stamps on hand, affixed in the City of Staunton	
3. Quantity of Stamps on hand, unaffixed	

List each dealer/retailer or seller within the corporate limits of the City of Staunton to whom cigarettes were sold and the quantity sold.

	Name	Quantity (Packages)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		