



TOWN OF APPOMATTOX
210 Linden Street
P O Box 705
Appomattox, VA 24522
(434) 352-8268 FAX (434) 352-2126

**MONTHLY CIGARETTE TAX
DISTRIBUTION ACCOUNTING FORM**

APPLICANT: _____

MAILING ADDRESS: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

CIGARETTE TAX LICENSE NUMBER: _____

FOR THE PERIOD OF _____ ENDING _____

1. Quantity of cigarette packages sold/delivered in Appomattox _____

2. Quantity of Stamps on hand, affixed. _____

3. Quantity of Stamps on hand, un-affixed. _____

List each Dealer/retailer or seller, within the corporate limits of the Town of Appomattox to whom cigarettes were sold and quantity sold. If additional space is required, please use a separate sheet of paper.

NAME	QUANTITY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form must be completed and mailed to the Treasurer no later than the 20th day of the month following the reporting period.