

**TOWN OF TAPPAHANNOCK
P.O. BOX 266
915 CHURCH LANE
TAPPAHANNOCK, VA 22560
804-443-3336**

CIGARETTE TAX STAMPS ORDER FORM

Applicant: _____

Mailing Address: _____

Federal Tax Identification Number: _____

If applicable, mail Fed-X or UPS: _____

Your Fed-X or UPS account number: _____

Signature: _____ **PHONE NUMBER:** _____

The above applicant hereby applies to Faye D. Johnson, Tappahannock Treasurer for the following number of rolls of Tappahannock cigarette tax stamps:

Number of rolls _____ @ 15,000 stamps per roll = _____ stamps

amount of stamps requested = _____ stamps

NUMBER OF STAMPS @ \$0.15 PER PACK = \$ _____

Less discount of 6/1000 of a cent per stamp = \$ _____

(Discount off the stamps not the money)

TOTAL TAX DUE = \$ _____

OFFICE USE ONLY

Approved by: _____

Date: _____

Roll Number: _____

Date Payment Received: _____ **Amount Received:** \$ _____

Date picked up: _____ **Date mailed:** _____

Signature: (Authorized company representative) _____