

CITY OF COLONIAL HEIGHTS, VIRGINIA

Commissioner of the Revenue

201 James Avenue, PO Box 3401
Colonial Heights, VA 23834
cor@colonialheightsva.gov

Phone: (804) 520-9280 Fax: (804) 520-9250

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

COMPANY NAME: _____

MAILING
ADDRESS _____

FEIN: _____

CIGARETTE TAX LICENSE NUMBER: _____

FOR THE PERIOD OF _____ ENDING _____

1. Quantity of Cigarette Packages sold or delivered within City of Colonial Heights _____
2. Quantity of Stamps on hand, affixed. (City of Colonial Heights stamps only) _____
3. Quantity of Stamps on hand, unaffixed. (City of Colonial Heights stamps only) _____

List each dealer/retailer or seller within the corporate limits of the City of Colonial Heights to whom cigarettes were sold and the quantity sold. If additional space is needed, please use a separate sheet

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