CITY OF POQUOSON

500 CITY HALL AVENUE, POQUOSON, VIRGINIA 23662-1996
(757) 868-3020 FAX (757) 868-3102

GRAHAM P. WILSON
Commissioner of the Revenue

CIGARETTE TAX STAMPS ORDER FORM

Applicant _____

Mailing Address _____

_____

Federal Tax Identification Number _____

Signature _____

The above named applicant hereby applies to ***Graham P. Wilson,*** Commissioner of the Revenue for the following number of rolls of Cigarette Tax Stamps:

No. of Rolls _____ x 15,000 in a roll = _____ stamps ***(Must Purchase Whole Rolls)***

No. of Stamps _____ @ $0.20 each $ _____

Less Discount of Four percent (4%) - _____

Total Tax $ _____

OFFICE USE ONLY

Approved by ***Graham P. Wilson,*** Commissioner of the Revenue

_____

Signature Date

Roll Number _____

Beginning Serial Numbers _____ Ending Serial Numbers _____

Date Payment Received _____ Amount Received _____

Date Stamps Picked Up _____ Date Stamps Mailed _____

Signature _____
(Authorized Representative of Company to Pick-up stamps)