

The Town of Hurt

Incorporated in 1967



TOWN OF HURT

533 Pocket Road

P. O. Box 760

Hurt, VA 24563

(434) 608-0554 FAX (434) 205-1177

CIGARETTE TAX STAMPS ORDER FORM

APPLICANT: _____

MAILING ADDRESS: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

THE NAME OF THE STORE YOU ARE PURCHASING FOR: _____

SIGNATURE: _____

The above named applicant hereby applies to the Treasurer for the following number of rolls of Cigarette Tax Stamps:

Number of Rolls: _____ x 15,000/roll = _____ Stamps @ \$0.15 per Stamp

Total \$ _____

Number of Stamps: _____ @ \$0.15 per Stamp = Total \$ _____

Total Amount Due \$ _____

*****Please make check payable to the Town of Hurt*****

Signature

Date

To return stamps for refund, return stamps in the original box.

OFFICE USE ONLY

Approved by Marissa Padilla, Treasurer

Signature

Date

Beginning Roll Number _____

Ending Roll Number _____

Date Payment Received _____

Amount Received _____