

Town of Hurt, Virginia
Monthly Cigarette Tax Distribution Form

Applicant/Name of Business _____

Mailing Address _____

Federal Tax ID # _____

For The Period Of _____ Ending _____

1. Quantity of cigarette packages sold/delivered in Hurt _____
2. Quantity of stamps on hand (affixed) _____
3. Quantity of stamps on hand (unaffixed) _____

List each dealer/retailer/seller within the corporate limits of Hurt to whom packages were sold and/or delivered:

Name	Quantity
_____	_____
_____	_____
_____	_____

This form must be completed and submitted to the Town Treasurer not later than the 20th day of the month following the reporting period.

