

**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 20<sup>th</sup> day of the month following the reporting period.**



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Form BT-2 (Revised 01/04/2022)