



TOWN OF FARMVILLE

116 North Main Street
Post Office Drawer 368
Farmville, VA 23901
(434) 392-3333 FAX (434) 392-6135

**MONTHLY CIGARETTE TAX
DISTRIBUTION ACCOUNTING FORM**

Applicant: _____

Mailing Address: _____

Federal Tax Identification Number: _____

Cigarette Tax License Number: _____

FOR THE PERIOD OF _____ **ENDING** _____

- 1. Quantity of cigarette packages sold/delivered in Farmville _____
- 2. Quantity of Stamps on hand, affixed. _____
- 3. Quantity of Stamps on hand, un-affixed. _____

List each Dealer/retailer or seller, within the corporate limits of the Town of Farmville to whom cigarettes were sold and quantity sold. If additional space is required, please use a separate sheet of paper.

NAME	QUANTITY

This form must be completed and mailed to the Treasurer no later than the 20th day of the month following the reporting period.