Town of Warsaw
PO Box 730
78 Belle Ville Lane
Warsaw, VA 22572
(804) 333-3737

CIGARETTE TAX STAMPS ORDER FORM

Applicant: _____

Mailing Address: _____

Federal Tax Identification Number: _____

Signature: _____

The above applicant hereby applies to Susan M. Pemberton, Town Treasurer for the following number of rolls of Warsaw cigarette tax stamps:

Number of rolls_____@ 15,000 stamps per roll = _____ stamps

OR

Amount of stamps requested =_____ stamps

NUMBER OF STAMPS @ 0.25 PER PACK = $ _____

Less discount of 6/1000 of a cent per stamp
per face value thereof = $ _____

TOTAL TAX DUE = $ _____

OFFICE USE ONLY:
Approved by Susan M. Pemberton
Treasurer – Town of Warsaw _____

Date: _____

Roll Number: _____

Date Payment received: _____ Amount received: _____

Date picked up: _____ Date mailed: _____

Signature: (Authorized company representative) _____