

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 Julia Blackley-Rice, 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 @ 0.40 PER PACK = \$ _____

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

TOTAL TAX DUE = \$ _____

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OFFICE USE ONLY:

Approved by Julia C. Blackley-Rice
Treasurer – Town of Warsaw

Date:

Roll Number:

Date Payment received: _____

Amount received: _____

Date picked up: _____

Date mailed: _____

Signature: (Authorized company representative) _____