



101 Chalmers Court, Suite A
Berryville, VA 22611

Phone: 540-955-1099
Fax: 540-955-4524
email: treasurer@berryvilleva.gov

Town of Berryville Monthly Cigarette Tax Distribution Accounting Form

Applicant: _____
Mailing Address: _____

Federal Tax Identification Number: _____

Cigarette Tax License Number: _____

FOR THE PERIOD BEGINNING _____ ENDING _____

- 1 Quantity of Cigarette packages sold or delivered in Berryville _____
- 2 Quantity of Stamps on hand, affixed.
(Town of Berryville Stamps Only) _____
- 3 Quantity of Stamps on hand, unaffixed.
(Town of Berryville Stamps Only) _____

List each Dealer/Retailer or Seller, within the corporate limits of the Town of Berryville to whom Cigarettes were sold and the 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.