



**Sarah K. Webb**  
 Commissioner of the Revenue  
 County of York, Virginia  
 Post Office Box 189, Yorktown, Virginia 23690-0189  
 P: (757) 890-3383 | F: (757) 890-3389  
 W: [www.yorkcounty.gov/revenue](http://www.yorkcounty.gov/revenue)  
 E: [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov)

**ORDER FORM – CIGARETTE TAX STAMPS**  
**Payment in full is due at the time of order**

Business Name:			FEIN#:
Trade Name (if different than Business Name):			Phone #:
Mailing Address:			Contact Person:
City:	State:	Zip:	Email address

THE ABOVE NAMED BUSINESS HEREBY APPLIES TO THE YORK COUNTY COMMISSIONER OF THE REVENUE, FOR THE FOLLOWING ROLLS OF CIGARETTE STAMPS:

STAMPS			TAX VALUE
1	<b>QUANTITY</b>	ROLL (15,000 STAMPS @ \$0.40 EACH) (must be purchased in whole rolls)	<b>ROLL TAX VALUE</b> \$6,000.00
2	<b>OR</b> NUMBER OF STAMPS _____ @ \$0.40 EACH		
3	Less Discount of 4% of Line 1 <b>OR</b> Line 2		
4	<b>TOTAL TAX DUE</b> (Line 1 <b>OR</b> Line 2 minus Line 3)		
5	<b>AMOUNT PAID – MAKE CHECK PAYABLE TO TREASURER, YORK COUNTY</b> (Full payment due at time of purchase and must be in the form of a business check or cashier's check or certified check)		

SHIPMENT and BILLING TO BUSINESS USING FEDEX ONLY REQUIRED: FedEx Account & Shipment Charges to Business		
FedEx Account #:	*Signature of Authorized Person:	
Shipping Address:		
City:	State:	Zip:
SHIPPING INSURANCE REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO		IF SHIPPING INSURANCE REQUIRED, AMOUNT:
PICKED UP IN OFFICE		
Name of Authorized Person:	Signature of Authorized Person:	Photo ID Received:

OFFICE USE ONLY		
DATE ORDER RECEIVED:	DATE STAMPS MAILED:	
BOX NUMBER / SERIAL NUMBER(S):	AMOUNT PAID:	CHECK #:
PROCESSED BY:	DATE:	