

Commissioner of the Revenue

COUNTY OF YORK, VIRGINIA

Post Office Box 189

Yorktown, Virginia 23690-0189

(757) 890-3383/FAX: 890-3380

www.yorkcounty.gov/revenue

revofc@yorkcounty.gov

ANN H. THOMAS

Commissioner

BRANDY N. PALAZZONE

Chief Deputy



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 ANN H. THOMAS, COMMISSIONER OF THE REVENUE FOR THE FOLLOWING ROLLS OF CIGARETTE STAMPS:

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

SHIPPING – Requires Self Address, Stamped Packaging from Business
Overnight Shipment: 120 Alexander Hamilton Blvd, Yorktown, VA 23690

Shipping Address:		
City:	State:	Zip:
COURIER NAME:	ACCOUNT #:	
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 #:
SHIPPING / TRACKING #:		
PROCESSED BY:	DATE:	