

**DEPARTMENT OF FINANCE - BUSINESS TAX UNIT**

900 E. Broad Street, Room 103  
 Richmond, VA 23219  
 Phone (804) 646-0665 Fax (804) 646-5641

**CIGARETTE SHELF TAX STAMP ORDER FORM (RETAILERS)**

Business Name:	Federal Tax ID #:	BPOL/STC-10C #:	(Office Use Only - <u>Business Tax Unit</u> )  Wholesaler: __Yes __No Reseller: __Yes __No If Reseller BPOL #: _____ Approved By: _____ Approval Date: _____ ----- <u>Cash Operations</u> <input type="checkbox"/> Refund
Street Address:			
City:	State:	Zip Code:	
Contact Person:	Phone Number:	Email:	

	Quantity	Stamps	Roll Tax Value	Tax Value
1		Sheet (20) (80 stamps @ \$.50) @	\$40.00 Ea.	\$
2		Sheet (25) (80 stamps @ \$.625) @	\$50.00 Ea.	\$
3	Total Tax Value This Order (Sum of Lines 1 & 2):			\$
4	Amount Due:			\$
5	Amount Paid*:			\$

Shipping Instructions (Verify Terms with Courier)	
Courier Name:	Account # (For Billing Purposes):
Shipping Insurance Required? ___ Yes / ___ No	If Shipping Insurance, Amount:
Authorized Signature:	Date:

Mail Order Form  
 and Payment\* or  
 Bring in Person  
 to:

**City of Richmond**  
**Attn: Cash Operations Unit - Cigarette Tax Stamps**  
**900 E. Broad Street, Room 102**  
**Richmond, VA 23219**

\* Payment is accepted in multiple forms. Business and personal checks are accepted but will require a period to clear – as such they are not recommended for in person orders. Payments made with cashier's checks, credit/debit, cash, or ACH/wire transfer will be fulfilled immediately. For ACH/wire instructions please contact the Cash Operations Unit at (804) 646-0665.

Customer (i) agrees that Customer's common carrier account will be used to mail cigarette stamps purchased from the City at Customer's cost and (ii) acknowledges that the City will declare the true value of the contents of the shipment for purposes of incidents of loss. Customer agrees that Customer will be responsible for all common carrier costs associated with the mailing of such stamps, including any increased surcharges incurred as a result of the City's declaration concerning the value of the contents.

(Office Use Only - <u>Cash Operations Unit</u> )	
Date Order Received:	Check #:
Beginning Serial #:	Ending Serial #:
Courier Shipping/Tracking #:	Sold By (Teller):
<b>CASHIER: USE MISCELLANEOUS FIN034 - CIGARETTE TAX 0100-02510-41018-1159</b>	