

NORTHERN VIRGINIA CIGARETTE TAX BOARD

AUTHORIZED AGENT CONTACT INFO

Company Name: _____

Address: _____

Phone: _____

1.) Individual responsible for completing monthly cigarette tax report:

Name: _____

Phone: _____ Ext. _____

Email: _____

2.) Individual responsible for ordering cigarette tax stamps:

Name: _____

Phone: _____ Ext. _____

Email: _____

3.) Individual responsible for tax stamping cigarettes:

Name: _____

Phone: _____ Ext. _____

Email: _____

4.) Individual responsible for shipping returned/damaged cigarettes back to manufacturer:

Name: _____

Phone: _____ Ext. _____

Email: _____