



Town of Burkeville  
P.O. Box 277  
Burkeville, VA 23922  
434-767-4097

Updated: 3/25/26

### Monthly Cigarette Tax Distribution Accounting Form

\*This form must be completed and mailed/mailed to the Treasurer of Burkeville **NO LATER** than the 20<sup>th</sup> day of the month following the reporting month.

Report for the month of: \_\_\_\_\_

Distributor Name: \_\_\_\_\_

Distributor Mailing Address: \_\_\_\_\_

FEIN: \_\_\_\_\_ Cigarette Tax License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Total quantity of cigarette packages sold/delivered in Burkeville \_\_\_\_\_

**Inventory**

2. Quantity of stamps on hand, affixed \_\_\_\_\_

3. Quantity of stamps on hand, un-affixed \_\_\_\_\_

Total Inventory remaining (add 2 & 3 ): \_\_\_\_\_

**Please list each dealer/retailer, within the corporate limits of the Town of Burkeville to whom cigarettes were sold and the quantity sold for the reporting month. If additional space is required, please use a separate sheet of paper.**

Name:	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this form, I verify that I am an authorized representative for the above named distributor and I authorize that to the best of my knowledge, all information provided on this form is correct.

_____	_____	_____
<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>