



**MONTGOMERY COUNTY**  
**COMMISSIONER OF THE REVENUE**  
BRENDA H. WINKLE, COMMISSIONER OF THE REVENUE

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**CIGARETTE TAX MONTHLY DISTRIBUTION FORM**

To be completed and mailed monthly to the Commissioner of the Revenue no later than the 20<sup>th</sup> day of the month following the reporting period.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ CIGARETTE TAX LICENSE #: \_\_\_\_\_

REPORTING FOR THE MONTH OF \_\_\_\_\_.

1. Quantity of Cigarette Packs sold in or delivered to Montgomery County. \_\_\_\_\_
2. Quantity of affixed Montgomery County stamps on hand the 1<sup>st</sup> day of the month. \_\_\_\_\_
3. Quantity of affixed Montgomery County stamps on hand the last day of the month. \_\_\_\_\_
4. Quantity of un-affixed Montgomery County stamps on hand the 1<sup>st</sup> day of the month. \_\_\_\_\_
5. Quantity of un-affixed Montgomery County stamps on hand the last day of the month. \_\_\_\_\_
6. List each dealer/retailer within the County limits of Montgomery County outside of the incorporated towns within the county to whom cigarettes were sold and the quantity sold to each. If additional space is needed, please use a separate piece of paper.

Business Name	Location Address	Number of Packs