



CITY OF VIRGINIA BEACH
COMMISSIONER OF THE REVENUE
 2401 COURTHOUSE DRIVE
 VIRGINIA BEACH, VA 23456-9002
 Telephone: 757-385-4515/Email: Business@VBGov.com



APPLICATION FOR CIGARETTE TAX CREDIT

Owner Name:	(For Commissioner's Office Use Only)
Trade Name:	
Address:	
City, State, Zip:	
Federal ID #:	

The above named qualified Virginia tobacco wholesaler hereby makes application to the City of Virginia Beach for a cigarette tax credit for the reasons and in the amount stated below.

REASON	No. of Stamps	Tax Value Each Stamp	Gross Tax Value
Stamps erroneously applied on packages			\$
Stamps applied on cartons			
Unusable stamps on decorative rolls			
Other (specify)			
Stamps on unusable tobacco products returned to manufacturer			
Total			\$
Less 8% discount			
Net amount of this application for credit certificate			\$

This application is supported by the attached manufacturers affidavit executed by the manufacturer and an affidavit that supports proof of purchase date by the wholesaler.

Name of Qualified Wholesaler

By: _____ Date: _____

Title: _____

Contact Phone #: _____