

NORTHERN VIRGINIA CIGARETTE TAX BOARD

AUTHORIZED AGENT CONTACT INFO

Company Name: _____

Address: _____

Phone: _____ Email: _____

Individual responsible for completing monthly cigarette tax report:

Name: _____

Phone: _____ Email: _____

Individual responsible for ordering cigarette tax stamps:

Name: _____

Phone: _____ Email: _____

Individual responsible for tax stamping cigarettes:

Name: _____

Phone: _____ Email: _____

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

Name: _____

Phone: _____ Email: _____