



TOWN OF DUBLIN, VIRGINIA
P.O. BOX 1066
DUBLIN, VA 24084
(540) 674-4731
(540) 974-4804 fax

CIGARETTE TAX DISTRIBUTION AMENDMENT FORM

Applicant: _____

Mailing Address: _____

Federal Tax Identification Number: _____

Cigarette Tax License Number: _____

For the Quarterly Period of _____ Ending _____

Previously reported quantity of Cigarette packages sold or delivered in Dublin: _____ x .25/pack =
\$ _____ less 2% discount of \$ _____ = Total Paid \$ _____.

Amended quantity of Cigarette packages sold or delivered in Dublin: _____ x .25/pack =
\$ _____ less 2% discount of \$ _____ = Total Amended Amount Due: \$ _____.

Refund of overpayment amount requested: \$ _____.

List each dealer/retailer or seller, within the corporation limits of the Town of Dublin Virginia to whom Cigarettes were sold and the quantity sold in error:

Name	Quantity Sold in Error

Authorized Signature: _____ Date: _____
Printed Name & Title: _____

Dublin Town Signature/Approved by: _____ Title: _____ Date: _____

Form Date: July 2020