#### TT-13

#### **Virginia Department of Taxation**

### MONTHLY REPORT OF CIGARETTE STAMPING AGENT

Name	Month/Year	<u> </u>			
Name	World in Teal				
Trading As	Permit Number	Mail To:  Department of Taxation			
Number and Street		P. O. Box 715 Richmond, VA 23218-0715			
City or Town, State, ZIP Code			, , , , , , , , , , , , , , , , , , , ,		
OFOTION I. Circusto Boron dilichian		Packs of 20	Packs of 25		
SECTION I — Cigarette Reconciliation					
Balance of all unstamped cigarette packs on hand first day of more contact to the contact t		1.			
2. Total unstamped cigarette packs received during month (from So	chedule A)	+	+		
3. Total unstamped cigarette packs available (add lines 1 and 2)		=	=		
4. Total unstamped cigarette packs sold during month (from Sched	<u> </u>	=			
5. Total cigarette packs stampable during month (line 3 minus line	,	+	=		
6. Total Virginia stamped cigarette packs during month (from Sched	dule D)	-	-		
7. Unstamped cigarette packs returned to manufacturer		-	-		
8. Balance of all unstamped cigarette packs on hand last day of mo	onth (line 5 minus lines 6 and 7)	=	=		
OFOTION II. Otama Basansiliatian					
SECTION II—Stamp Reconciliation					
Balance of Virginia Cigarette Revenue Stamps on hand first day		+			
10. Total Virginia Cigarette Revenue Stamps received during month	(from Schedule B)	<u> </u>	+		
11. Total (add lines 9 and 10)		=	=		
12. Total Virginia Cigarette Revenue Stamps affixed during month (f	rom Schedule D)	-	-		
13. Returns and Other Adjustments (see instructions)		-	-		
14. Balance of Virginia Cigarette Revenue Stamps on hand last day	of month (line 11 minus lines 12 and 13)	=	=		
Report Verification and Contact Information					
I, the undersigned, declare under penalties of perjury that I have examinand complete.	ned this return and supporting schedules	and to the best of my knowledg	e and belief, they are true, correct		
Print Name	Title or Posit	ion			
Signature	Date				
Contact name	Telephone N	umber			
E-mail Address					

SCHEDULE A (TT-13) - Packages of Unstamped Cigarettes Received During Month - Include cigarettes imported from outside the United States.					
Name			Month/Year		
Date Received	Invoice Number	Invoice Date	Received From	Number of Packs	
	Separate sheets may be used in	lieu of Schedule A and attac	ched to the report (Enter on Form TT-13, Line 2) ▶ 1	OTAL	

# Schedule B (TT-13) Virginia Cigarette Revenue Stamps Received During Month

Name		Month/Year
	Statement Number	

Date Received	Statement Number (From Form TT-3)	Number of Stamps
Total Number of Stamps Rece	eived During Month (Enter on TT-13, Line 10)	

SCHEDU	SCHEDULE C, Part 1 (TT-13) - Sales to Other States - List names and addresses of all persons to whom packs were sold not bearing a Virginia Cigarette Revenue Stamp.					
Name	Name Month/Year					
Invoice Date	Invoice Number	State	Sold To	Address	Brands	Number of Packs
				Subtotal Part 1 (Ad	d to Subtotal. Part 2) ▶	

SCHEDUL	E C, Part 2 (TT	-13) - Sales to Tax-Exempt Entities - As Cig	authorized under Section 58.1-1010 of the Virgi parettes Imported From Outside the United State	nia Cigarette Tax Act. es.	Include
Name			Month/Year		
Invoice Date	Invoice Number	Sold To	Address	Brands	Number of Packs
				Subtotal Part 2	
				Subtotal Part 1	
			TOTAL (Enter on 1	T-13, Line 4) ▶	

### **SCHEDULE D** (TT-13)

## **Stamping Agent's Monthly Report of Virginia Stamped Cigarettes**

List all cigarettes stamped with a Virginia Cigarette Revenue Stamp for the repo	ort month.	
Name	Month/Year	

Α	E	3	С	[	)
Brand Family/Name	From Whom Each Pack of Cigarettes Was Purchased		Number of	Pack	Size
Dianu Family/Name	Name	Address	Packs Stamped	20	25

**Total Packs** (Enter on TT-13, Lines 6 and 12)