

**Virginia Department of Taxation**  
**Monthly Remote Retail Seller Report for Remote Sellers of Cigars and Pipe Tobacco**  
**for Month \_\_\_\_\_**  
**Year \_\_\_\_\_**

File on or before the 20th of each month.

Email: TobaccoUnit@tax.virginia.gov - This is an unsecured email address

Mail to: Tobacco Unit, P.O. Box 715, Richmond, VA 23218-0715

For assistance call: (804) 371-0730

**Cigars and Pipe Tobacco Remotely sold into Virginia by:**

Name: _____	FEIN: _____
Street or P.O. Box: _____	Contact Person: _____
City: _____	Phone Number: _____
State and Zip Code: _____	Signature: _____

This signature certifies that all buyers have been age verified by the remote retail seller.

Buyer 1	Product Type	Date	Invoice Number	SKU	Item Description	Quantity	Actual/Average Price
Name:							
Street or P.O. Box:							
City:							
State: Virginia							
Zip Code:							

Total Cigars (for this named Buyer):

Total Pipe Tobacco (for this named Buyer):

Buyer 2	Product Type	Date	Invoice Number	SKU	Item Description	Quantity	Actual/Average Price
Name:							
Street or P.O. Box:							
City:							
State: Virginia							
Zip Code:							

Total Cigars (for this named Buyer):

Total Pipe Tobacco (for this named Buyer):

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Cigars and Pipe Tobacco Remotely sold into Virginia by:

Distributor Name \_\_\_\_\_ FEIN: \_\_\_\_\_

Buyer 3	Product Type	Date	Invoice Number	SKU	Item Description	Quantity	Actual/Average Price
Name:							
Street or P.O. Box:							
City:							
State: Virginia							
Zip Code:							

Total Cigars (for this named Buyer): \_\_\_\_\_  
Total Pipe Tobacco (for this named Buyer): \_\_\_\_\_

Buyer 4	Product Type	Date	Invoice Number	SKU	Item Description	Quantity	Actual/Average Price
Name:							
Street or P.O. Box:							
City:							
State: Virginia							
Zip Code:							

Total Cigars (for this named Buyer): \_\_\_\_\_  
Total Pipe Tobacco (for this named Buyer): \_\_\_\_\_

Total All Buyers	Quantity
TOTAL Direct Cigar Distribution:	_____
TOTAL Direct Pipe Tobacco Distribution:	_____