

# TT-13

Virginia Department of Taxation

## MONTHLY REPORT OF CIGARETTE STAMPING AGENT

Name	Month/Year	<b>Mail To:                  Department of Taxation                  P. O. Box 715                  Richmond, VA 23218-0715</b>
Trading As	Permit Number	
Number and Street		
City or Town, State, ZIP Code		

<b>SECTION I — Cigarette Reconciliation</b>	Packs of 20	Packs of 25
1. Balance of all unstamped cigarette packs on hand first day of month		
2. Total unstamped cigarette packs received during month (from Schedule A)	+	+
3. Total unstamped cigarette packs available (add lines 1 and 2)	=	=
4. Total unstamped cigarette packs sold during month (from Schedule C)	-	-
5. Total cigarette packs stampable during month (line 3 minus line 4)	=	=
6. Total Virginia stamped cigarette packs during month (from Schedule D)	-	-
7. Unstamped cigarette packs returned to manufacturer	-	-
8. Balance of all unstamped cigarette packs on hand last day of month (line 5 minus lines 6 and 7)	=	=

<b>SECTION II—Stamp Reconciliation</b>		
9. Balance of Virginia Cigarette Revenue Stamps on hand first day of month		
10. Total Virginia Cigarette Revenue Stamps received during month (from Schedule B)	+	+
11. Total (add lines 9 and 10)	=	=
12. Total Virginia Cigarette Revenue Stamps affixed during month (from 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 examined this return and supporting schedules and to the best of my knowledge and belief, they are true, correct and complete.

Print Name \_\_\_\_\_ Title or Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact name \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_









