

Form TT-2

Order for Virginia Cigarette Tax Stamps

Virginia Department Of Taxation
 P. O. Box 1301
 Richmond, VA 23218-1301

Please print or type all applicable information requested below.

| | | | |
|----------------|-----------------------------|----------|--|
| Name | Permit Number | | (For Office Use Only) Check Number _____ |
| Street Address | | | |
| City | State | Zip Code | |
| Contact Person | Telephone Number () | | |

| | Quantity | Stamps | Unit Tax Value | Tax Value |
|--|---|--------------------------------|-----------------|-----------|
| 1 | | Rolls (20 cigarettes) @ | \$18,000.00 Ea. | \$ |
| 2 | | Dual Rolls (20 cigarettes) @ | \$18,000.00 Ea. | \$ |
| 3 | | Rolls - 8000 (20 cigarettes) @ | \$4,800.00 Ea. | \$ |
| 4 | | Rolls - 7200 (25 cigarettes) @ | \$5,400.00 Ea. | \$ |
| 5 | Total Tax Value This Order (Sum of Lines 1 thru 4) | | | \$ |
| 6 | Less 2% Statutory Discount | | | \$ |
| 7 | Net Charge (Line 5 less Line 6) | | | \$ |
| 8 | Less Credit By Certificates (Form TT-9 must be attached) | | | \$ |
| 9 | Plus Bad Debts Recovered | | | \$ |
| 10 | Amount Due (Line 7 minus Line 8 plus Line 9) | | | \$ |
| 11 | Amount Paid Full payment due at point of purchase and must be in the form of cashier's or certified check. * | | | \$ |
| * Stamps may be purchased on credit and/or by company check with the posting of a valid bond or letter of credit. Complete this section only if a bond or letter of credit is on file with the Department of Taxation. | | | | |
| 12 | Balance Due Within 30 Days | | | \$ |

Shipping Instructions (Verify terms with courier)

Courier Name _____

Account Number _____

Stamps are shipped F.O.B. Shipping Point or "free on board" shipping point. The title of the cigarette tax stamps is transferred to the purchaser once the stamps are in the possession of the carrier. At that point, the Virginia Department of Taxation is no longer responsible for any loss, damage, or theft of the cigarette tax stamps. The purchaser is responsible for shipping costs and any supplemental insurance required to replace the cigarette tax stamps in the event they are stolen, lost, or damaged, before being received by the purchaser.

Authorized Signature _____ **Date** _____