Form TT-7 Page 1

Consumer's Name

Virginia Department Of Taxation Consumer Cigarette Tax Return

- Sales Tax (Virginia Form ST-7 or CU-7) may also be due, in addition to the Cigarette Excise Tax.
- Most Virginia tax forms can be obtained from our website, www.tax.virginia.gov, or by calling our Forms Request Unit at 804.367.8037.

For Period Beginning (Enter month and year)

- If you have questions call 804.371.0730 or write the Virginia Department of Taxation, Tobacco Unit; P.O. Box 715; Richmond, VA 23218-0715.
- Cigarette Tax is due on the 10th day of the month following the date of purchase.
- The tax is \$6.00 per carton on cigarettes intended to be burned and \$4.50 a carton cigarettes intended to be heated.
- Make check payable to: Virginia Department of Taxation.

Social Security or Federal Employer's Identification Number | Contact Telephone Number

Mail completed form, with payment and copies of the purchase invoices to:

Virginia Department of Taxation Tobacco Unit P.O. Box 715 Richmond, VA 23218-0715

and Ending (Enter month and year)

				,			,						
Add	lress	City			State	ZIP							
	Part A - Cigarettes Intended to be Burned												
	Column A	Column B	Column C	Column D	Column E	Column F		Column G					
	Seller's Name	Seller's Address or Web Address, When Applicable	Transaction Date	Invoice Number	Brand Name of Cigarettes Purchased (Separate line for each brand)	Cigarette	ber of e Cartons hased	Tax Due This Purchase (Column F Times Rate Per Carton - See Instructions)					
1													
2													
3													
4													
5													
6													
7	\$												

Form TT-7 Page 2

Virginia Department Of Taxation Consumer Cigarette Tax Return

Cons	sumer's Name		Social Security or Federal Employer's Identification Number						
Part B - Cigarettes Intended to be Heated									
	Column A	Column B	Column C	Column D	Column E	Column F	Column G		
	Seller's Name	Seller's Address or Web Address, When Applicable	Transaction Date	Invoice Number	Brand Name of Cigarettes Purchased (Separate line for each brand)	Number of Cigarette Cartons Purchased	Tax Due This Purchase (Column F Times Rate Per Carton - See Instructions)		
8									
9									
10									
11									
12									
13									
14	\$								
15		\$							
Declaration and Signature I declare that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.									
Signature					Date	Phone Number			