

**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		
Contact Person	Telephone Number (       )			

	Quantity	Stamps	Unit Tax Value	Tax Value
1		Rolls (20 cigarettes) @	\$9,000.00 Ea.	\$
2		Dual Rolls (20 cigarettes) @	\$9,000.00 Ea.	\$
3		Rolls - 8000 (20 cigarettes) @	\$2,400.00 Ea.	\$
4		Rolls - 7200 (25 cigarettes) @	\$2,700.00 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 cashiers or certified check. *)			\$
12	<b>Balance Due Within 30 Days</b>			\$

**Shipping Instructions** (Verify terms with courier.)

Courier Name \_\_\_\_\_

Account Number \_\_\_\_\_

Insurance Required?  Yes  No If Yes, Amount \$ \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_