



CITY OF RADFORD VIRGINIA

Commissioner of the Revenue
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CIGARETTE TAX MONTHLY DISTRIBUTION ACCOUNTING FORM

To be completed and mailed monthly to the Commissioner of the Revenue no later than
the 20th of the month following the reporting period.

APPLICANT: _____

MAILING ADDRESS: _____

FEIN: _____ CIGARETTE TAX LIC. NO.: _____

FOR THE PERIOD OF _____ ENDING: _____

1. Quantity of Cigarette Packs sold or delivered in Radford. _____
2. Quantity of Stamps on hand, affixed. (City of Radford stamps only) _____
3. Quantity of Stamps on hand, un-affixed. (City of Radford stamps only) _____

List each dealer/retailer within the City limits of the City of Radford to whom cigarettes were sold and the quantity sold to each. If additional space is needed, please use a separate sheet of paper.

NAME	QUANTITY (Packages)
1.	
2.	
3.	
4.	
5.	
6.	