

TOWN OF MIDDLETOWN
Cigarette Excise Tax Reconciliation

Reporting Period:		to
(MM/DD/YY)		(MM/DD/YY)
CIGARETTE WHOLESALER IDENTIFICATION		
Name of Firm		
Mailing Address		
Federal Tax Identification Number		
Cigarette Tax License Number		

List each dealer, retailer or seller within the corporate limits of the Town of Middletown to whom you have sold cigarettes and the quantity sold. If additional space is required, please use a separate sheet. This form must be completed not later than the 20th day of the month following the reporting period and mailed to:

Town of Middletown
 7875 Church Street
 Middletown, Virginia 22645

Dealer/Retailer/Seller	Street Address	Delivery Date (MM/DD/YY)	Total Number of Packs

Quantity of cigarette packs sold or delivered in Middletown	
Quantity of Town of Middletown Tax Stamps on hand, affixed	
Quantity of Town of Middletown Tax Stamps on hand, unaffixed	

Reporting Official:

 (PRINTED NAME AND TITLE)

 (SIGNATURE)

 (DATE SUBMITTED)