



Name _____
 Address _____
 City _____ State _____ Zip _____

Account #: _____

WV/TPT-703
 rL190 v.5 - Web

REQUISITION FOR WEST VIRGINIA CIGARETTE STAMPS

Date Requested: _____ <small>M M D D Y Y Y Y</small>	BONDED <input type="checkbox"/>	FOR DEPARTMENT USE ONLY
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SECTION 1 - TAX CALCULATION

	Stamps For Packages of 20 Cigarettes		Stamps For Packages of 25 Cigarettes	Total Tax Due (Sum Across Lines)
	A. Rolls of 30,000	B. Sheets of 150	C. Rolls of 7200	D. Total
1. Quantity of Items				
2. Stamps Per Item	30,000	150	7200	
3. Total Stamps (Line 1 times Line 2)				
4. Tax Rate Per Stamp	1.2000	1.2000	1.5000	
5. Face Value of Stamps (Line 3 times Line 4)	.	.	.	.
6. Dealer Discount Rate	0.0400	0.0400	0.0400	
7. Dealer Discount (Line 5 times Line 6)	.	.	.	.
8. Net Tax Due (Line 5 minus Line 7)	.	.	.	.

SECTION 2 - TOTAL TAX DUE

1. Total Net Tax Due (Section 1 Column D Line 8)	.
2. Less Credit (Must attach original credit issued by Department)	.
3. Total Remittance (Line 1 minus Line 2)	.

CONTACT INFORMATION

(Person to Contact Concerning this Return)	(Telephone Number)	(E-mail Address)
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MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 2991, Charleston, WV 25330-2991
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>

