



Judy S. Hart
King George County
Commissioner of the Revenue
10459 Courthouse Dr., Ste. 101
King George, VA 22485-3865
540-775-4664
540-775-5062 FAX

Cigarette Tax Reimbursement Request

Distributor: _____

Mailing Address: _____

The above-named applicant hereby applies to the Commissioner of the Revenue for a
reimbursement of the following number of cigarette tax stamps.

Number of Stamps _____ @ \$ 0.40 each = \$ _____

Net Reimbursement = \$ _____

Reason for Reimbursement: _____

I hereby certify, under penalty of perjury, that the information listed on this form is true and correct, to the best of my knowledge. I understand that the Commissioner of the Revenue will not issue a refund for amounts of \$5.00 or less.

Signature: _____ Date: _____

Commissioner of the Revenue - Office Use Only

Commissioner Signature: _____ Date: _____