



Judy S. Hart  
King George County  
Commissioner of the Revenue  
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King George, VA 22485-3865  
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## 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: \_\_\_\_\_