

Mail to:
Office of the Attorney General of
Virginia
Tobacco Section
900 East Main St.
Richmond, VA. 23219

Mail Copy to:
Virginia Dept. of Alcoholic
Beverage Control
2901 Hermitage Road
P.O. Box 27491
Richmond, VA. 23261



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Page 1

COMMONWEALTH OF VIRGINIA

Cigarette Delivery Seller's Monthly Report

Cigarette Delivery Seller's Registered Name: _____

Address: _____
(Street Address)

(City) (County) (State) (Country) (Zip Code)

Contact Person: _____
(print)

Phone: _____ E-mail: _____

Report for Month of: _____ Year: _____

This report must be received in this Office by the 10th of each month and show sales activity for the proceeding month.

Invoice Period	Invoice Number	Cigarettes Shipped to: Name	Cigarettes Shipped to: Address	Cigarettes Brand	Total Packs Sold

Initial _____ Date _____

Report for Month of: _____ Year: _____

This report must be received in this Office by the 10th of each month and show sales activity for the proceeding month.

If the Cigarette Delivery Seller has satisfied the requirements of § 376 of Title 15 of the United States Code and asserts that satisfying such requirements satisfies the Cigarette Delivery Seller's monthly reporting requirements established by Va. Code § 18.2-246.11, indicate by a check mark here _____, attach a true and correct copy of the filing made pursuant to § 376 of Title 15 of the United States Code and complete the Affidavit of Cigarette Delivery Seller below.

Affidavit of Cigarette Delivery Seller (must be executed under oath by the Person named at Part 1, above, or, if operating as a partnership, limited liability company, corporation or other business entity, by an authorized partner, member, or officer of the company, as applicable):

After being duly sworn and under penalty of perjury, I hereby declare that, on the date and at the location indicated by the below signed Notary, I appeared before the Notary, was duly sworn, printed and signed my name on the date indicated, initialed and dated page 1 of this report and any continuation pages and attached filings made pursuant to § 376 of Title 15 of the United States Code, and, under oath, stated that all information set forth in this Cigarette Delivery Seller's Monthly Report, including any continuation pages and attached filings made pursuant to § 376 of Title 15 of the United States Code, is true and correct.

Name: _____
(printed)

Title: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Notary:

City/County: _____

State: _____

Country: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary: _____
(printed)

Notary Signature: _____

My commission expires: _____

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COMMONWEALTH OF VIRGINIA

Cigarette Delivery Seller's Monthly Report Continuation Sheet

Cigarette Delivery Seller's Registered Name: _____

Address: _____
(Street Address)

(City) (County) (State) (Country) (Zip Code)

Contact Person: _____
(print)

Phone: _____ **E-mail:** _____

Report for Month of: _____ **Year:** _____

Invoice Period	Invoice Number	Cigarettes Shipped to: Name	Cigarettes Shipped to: Address	Cigarettes Brand	Total Packs Sold