

# Alaska Cigarette Tax Stamp Application and Delivery Method

621

<input type="checkbox"/> EIN		License Number	Period Ending (Year/Month)	AK Business License Number
<input type="checkbox"/> SSN				
Name			Phone Number	Fax Number
Mailing Address			Contact Person	Contact Telephone Number
City	State	Zip Code	Contact Email	

**Alternate Method Of Delivery** (see instructions)

<input type="checkbox"/> Federal Express	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS	Account # _____
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Pick up and billing arrangements are to be coordinated by licensee			

If the Shipping Information is different than the taxpayer information, ship to:

Name of Receiving Company	Contact Person	Contact Telephone Number	
Mailing Address	City	State	Zip Code

**Pick-Up Stamps** (see instructions)

I will be purchasing cigarette tax stamps from the Alaska Department of Revenue.	Stamps can be picked up from: DEPARTMENT OF REVENUE 550 W 7TH AVE STE 500 (Fifth floor) ANCHORAGE AK 99501-3566
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Please list all individuals, authorized to receive Tax Stamps on your behalf. This list should include yourself if you will be picking up your tax stamps, any employee(s), and/or any courier service(s) you may hire. For on site pick-up of Cigarette Tax Stamps, all individuals listed will be required to present valid identification for verification purposes.

Name	Name

Signature of Taxpayer	Printed Name
Title	Date

621