

Alaska Transfer of Cigarette Tax Stamps

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Part I - Information About The Licensee Transferring The Cigarette Tax Stamps

<input type="checkbox"/> EIN		License Number(s)	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 + 4	Contact Email	

Part II - Information About The Licensee Receiving The Cigarette Tax Stamps

<input type="checkbox"/> EIN		License Number(s)	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 + 4	Contact Email	

Part III - Transfer Of Cigarette Tax Stamps - See Instructions

Number Of Cigarettes Per Stamp (a)	Serial Number(S) On Stamps (b)	Number Of Stamps Transferred (c)	Value Of Tax Stamps (d)	Total Value Of Tax Stamps Transferred (C) X (D) (e)
20 (PM)			\$2.00	
25 (PM)			\$2.50	
20 (NPM)			\$2.25	

Reason For The Transfer

Signature Of Licensee Transferring The Cigarette Tax Stamps		Signature Of Licensee Receiving The Cigarette Tax Stamps	
Printed Name		Printed Name	
Title	Date	Title	Date

Department Use Only

Signature	Title	Date
<input type="checkbox"/> Transfer of cigarette tax stamps approved	<input type="checkbox"/> Transfer of cigarette stamps not approved	

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