



AG-2 (PM)
Stamping Agent's Monthly Report of Virginia Stamped Cigarettes
And Roll-Your-Own Tobacco By Participating Manufacturer's Brand Family

(Rev 2/09)

Page ____ of ____

- List all cigarettes stamped with a Virginia tax stamp for the report month, and all RYO tobacco on which excise tax paid in report month.
- This form should be used for **Participating Manufacturers (PM)**.

AG-2 should be mailed to:

Office of the Attorney General
Tobacco Section
202 North Ninth Street
Richmond, Virginia 23219

Reporting Month/Year: _____ Your Permit Number: _____
Your Business Name: _____

- **AG-2 (PM)** must be received by the **20th day** of the month following the calendar month for which the report is made.

(A)	(B)	(C)		(D)	(E)	(F)	(G)	(H)
Brand Family/Name	Number of Packs Stamped	Pack Size		Number of Ounces of RYO on which tax paid	Dollars of RYO excise tax paid	Manufacturer (Name and Address)	From Whom Brand Was Purchased (Name and Address)	First Importer If Foreign Manufactured Product (Name and Address)
		20	25					
	Total			Total	Total			

Under penalty of perjury, I hereby declare that this report is true and correct.

Signature and Title

Date

Name Printed