



STATE OF NEVADA
DEPARTMENT OF TAXATION

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SIGNATURE AUTHORIZATION FOR CIGARETTE STAMPS

Cigarette Wholesale Dealer: \_\_\_\_\_

Taxpayer ID # (TID#): \_\_\_\_\_

Method of Shipment: \_\_\_\_\_ Shipper Account #: \_\_\_\_\_

The person(s) listed below are authorized to purchase and take receipt of Nevada cigarette tax stamps on behalf of
\_\_\_\_\_
\_\_\_\_\_

This Authorization is effective as of \_\_\_\_\_ and will continue in force until the last day of the current licensed period or revoked/canceled by the Department of Taxation.

Signature and title of person authorized to act on behalf
Of the above stated cigarette wholesale dealer

Type or print

Name (Type or Print)

Signature

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_