

VIRGINIA WHOLESALE SALES TAX
ELECTRONIC/INTERNET FILING
APPLICATION

Purpose: Use this form to apply for the capability to file the Virginia wholesale sales tax activity information electronically using Xerox Company, the Virginia-approved vendor.

Instructions: Print in ink or type to complete form. Fax completed form to (804)367-0233.

DISCLAIMER

The Xerox system is for the use of authorized clients only. To protect the computer network system from unauthorized use and to ensure the computer network system is functioning properly, system administrators monitor this system. Individuals using the computer network system without authorization, or in excess of their authorization, are subject to having all their activity on this computer network system monitored and recorded by system personnel. Anyone using this computer network system expressly consents to such monitoring and is advised that if such monitoring reveals possible conduct of criminal activity, system personnel may provide the evidence of such activity to law enforcement officers. Access is restricted to authorized users only. Unauthorized access is a violation of state, federal, civil, and criminal laws.

APPLICANT INFORMATION

COMPANY NAME		WHOLESALE SALES TAX LICENSE NUMBER	FEIN	
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE
CONTACT PERSON NAME			TELEPHONE NUMBER	
EMAIL ADDRESS				

TRANSMISSION FORMAT INFORMATION

CHECK THE BOX WHICH INDICATES HOW YOU WILL TRANSMIT ELECTRONIC DATA

ASCII FLAT FILE
 INTERNET (WEB)

CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement on this form is a criminal violation.

AUTHORIZED REPRESENTATIVE NAME (print)	AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
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XEROX COMPANY USE ONLY

WH ACCOUNT IDENTIFICATION	
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