



	Date:	
Legal Name	FE	EIN
Trade Name	CI	R Number
Street Address	Li	cense Number
City	 State	Zip Code +4
Claim for OTP tax refund is hereby made in the amount of \$ This OTP Claim is itemized as follows:		
Claim for Cigarette tax refund is hereby made in the amount of \$ This Cigarette Claim is itemized as follows:		
	Total tax refund amo	unt \$
		· — —
AFFIDAVIT		
I do solemnly declare and affirm under the penalties of perjury that the con the best of my knowledge, information, and belief.	tents of the foregoing doc	ument are true and correct to

Complete this Claim For Refund and send to:

Comptroller of Maryland Revenue Administration Division Other Tobacco Tax P.O. Box 2999 Annapolis, Maryland 21404-2999

Print Name

Signature

For more information, contact: 410-260-7980/1-800-638-2937 Fax# 410-974-3608

Title

Email