MARYLAND
FORM
605-B

SCHEDULE B

Page:	of	
Month or Period:		20

License No.:



21605B049

DISTRIBUTOR'S NAME	ADDRESS

CIGARETTES RECEIVED FROM OTHER SOURCES

Date Invoice Received Number	Name and Address from Whom Purchased	Carrier	MARYLAND TAX STAMPS AFFIXED		TAX STAMPS AFFIXED OTHER STATES				WITHOUT TAX STAMPS AFFIXED				
			Packs 20's	Packs 25's	Packs Other	Packs 20's	Packs 25's	Packs Other	State	Packs 20's	Packs 25's	Packs Other	
	TOTALS												

For more information:

Visit our Web site at **www.marylandtaxes.gov** or call Taxpayer Service at 410-260-7980 in Central Maryland or 1-800-638-2937 from elsewhere. Send faxes to 410-260-7924. **Mail to:** Comptroller of Maryland, Revenue Administration Division, P.O. Box 2999, Annapolis, MD 21404-2999.