MARYLAND FORM
001-1

CLAIM FOR REFUND

Date: _____

Claim for tax refund is hereby made in the amount of $ _____.

This claim is itemized as follows:

Our reasons for filing claim are:

Name of Company _____

Street Address _____

City _____ State _____ Nine Digit Zip Code _____

Federal Identification # ☐☐-☐☐☐☐☐☐☐☐☐ Permit/License # _____

Complete this **Claim For Refund** and send to:

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

For more information, contact:

Telephone: 410-260-7312, 800-638-2937
Fax: 410-260-7924

AFFIDAVIT

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief.

_____ Signature

_____ Title