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Month or Period: \_\_\_\_\_ 20 \_\_\_\_\_

License No.: \_\_\_\_\_



21605D049

DISTRIBUTOR'S NAME	ADDRESS

Cigarettes returned for credit to manufacturers during month or period - \_\_\_\_\_

(Indicate Name and License Number of manufacturer)

Date Returned	Ref. No. or Invoice No.	Carrier	MARYLAND TAX STAMPS AFFIXED			TAX STAMPS AFFIXED OTHER STATES				WITHOUT TAX STAMPS AFFIXED			FOR OFFICE USE ONLY
			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	(credit memo)
<b>TOTAL</b>													

**For more information:**

Visit our Web site at [www.marylandtaxes.gov](http://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.