

**MARYLAND
FORM
608** **CIGARETTE WHOLESALER
MONTHLY REPORT OF
CIGARETTE PACKS AND
CIGARETTE TAX STAMPS**



216080049

AMENDED

Every licensed wholesaler must file this report and the required schedules with the Comptroller of Maryland on or before the twenty-first (21 st) day of each month following that month for which the report is made. A copy of each report and each schedule shall be retained by the distributor at his place of business. **Please submit the completed original and duplicate copy to the Alcohol and Tobacco Tax Unit.**

Wholesaler's Name		License # TW-	Period End Date mm/dd/yyyy
Email		Phone #	
Street Address			
City		State	Zip code +4

Indicate quantity of cigarettes: Per pack 20 25 Other _____

Schedule	Line	WITHOUT TAX STAMPS AFFIXED	TOTAL PACKS
	1	Packs on hand beginning of month	
A	2	Received unstamped from manufacturer during month	
B	3	Received unstamped from other sources	
	4	Total Lines 1, 2, and 3	
	5	Physical Inventory - on hand end of month	
	6	Packs sold to military	
	7	Sales to others authorized to buy for resale out of state	
D	8	Unstamped returns to manufacturer	
	9	Miscellaneous dispositions - Attach explanation	
	10	Total Lines 5, 6, 7, 8, and 9	
MARYLAND TAX STAMPS AFFIXED TO PACKS			TOTAL STAMPS
	11	Packs on hand beginning of month	
	12	Packs stamped during month (same as line 26)	
B	13	Packs received stamped during month	
	14	Total lines 11, 12, and 13	
	15	Physical inventory - on hand end of month	
	16	Packs sold during month	
D	17	Packs returned to manufacturer	

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Wholesaler's Name	License # TW-	Period End Date mm/dd/yyyy
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18	Miscellaneous dispositions - Attach explanation	
19	Total Lines 15, 16, 17, and 18	
20	UNACCOUNTABLE DIFFERENCE (Line 14 minus line 19)	
UNAFFIXED MARYLAND TAX STAMPS		TOTAL STAMPS
21	Stamps on hand beginning of month	
22	Received during month	
23	Total lines 21 and 22	
24	Tax stamps credited by Maryland State Auditor	
25	Physical inventory - on hand end of month	
26	Total line 23 less lines 24 and 25 - AFFIXED TO PACKS	

I declare under the penalties of perjury that the contents of this return (including and accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of Owner of Business or Officer of Company

SIGNED THIS _____ DAY OF _____ 20____

Print Name

Email address

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General:

List the License Number, complete Name and Address of Distributor on this form and all corresponding schedules.

Report Cigarette packs in the period or month they physically arrive or leave the premises.

Report on a separate Form 608 different quantities of cigarettes per pack. Indicate on front of Form 608 the quantity for which the report is made.

Section: WITHOUT TAX STAMPS AFFIXED

- Line 1 Enter inventory figure from line 5 of the previous monthly report's Physical Inventory -On Hand end of month.
- Line 2 Enter the total of all packs received from manufacturers during the reporting period as reported on the UPDATED Schedule A. The updated Schedule A is a summary page of the total packs received from each manufacturer during the reporting period. Attach to the summary schedule A form a detailed listing of shipments received from each manufacturer that includes date product was received, invoice number, carrier delivering product and total pack quantity for each shipment.
- Line 3 Enter total of column marked Without Tax Stamps Affixed from the Schedule B.
- Line 4 Enter -Total of lines 1,2, and 3.
- Line 5 Enter physical inventory figure taken from the Form 602 ATTD.
- Line 6 Enter total number of packs sold to Military during this reporting period.
- Line 7 Enter total number of packs sold to others authorized to buy for resale out of state.
- Line 8 Enter total of column marked Without Tax Stamps Affixed from the Schedule D.
- Line 9 Enter total number of packs Without Tax Stamps Affixed distributed in any manner other than above. Attach any supporting documents for these transactions to the 608 report.
- Line 10 Enter Total of lines 5, 6, 7, 8, and 9.

Section: MARYLAND TAX STAMPS AFFIXED TO PACKS

- Line 11 Enter inventory figure from line 15 of the previous monthly report's Physical Inventory - On Hand end of month.
- Line 12 Enter figure from Line 26 calculation.
- Line 13 Enter the total of the column marked Maryland Tax Stamps Affixed from the Schedule B.
- Line 14 Enter Total of lines 11, 12, and 13.
- Line 15 Enter physical inventory figure taken from the Form 602 ATTD.
- Line 16 Enter total Maryland stamped packs sold during this month or period.
- Line 17 Enter total of the column marked Maryland Tax Stamps Affixed from the Schedule D.

Line 18 Enter total number of packs with Maryland Tax Stamps Affixed that were distributed in any manner other than above. Attach any supporting documents for these transactions to the 608 report.

Line 19 Enter Total of lines 15, 16, 17, and 18. Line 20 Subtract line 19 from line 14 the difference is considered Unaccountable. This is simply a balancing line, to allow and insure use of accurate figures; eliminating the necessity to force figures to balance.

Section: UNAFFIXED MARYLAND TAX STAMPS

- Line 21 Enter inventory figure from line 25 of the previous monthly report's Physical Inventory -On Hand end of month
- Line 22 Enter the total quantity of Maryland Cigarette Tax Stamps received during the month.
- Line 23 Enter Total of lines 21 and 22.
- Line 24 Enter Total of all credits issued by a Maryland State Auditor during the month.
- Line 25 Enter physical inventory figure taken from the Form 602 ATTD.
- Line 26 Total lines 24 and 25 subtract this figure from the total on line 23, the resulting figure is the number of stamps affixed to packs for the month. This number is also to be used on line 12 of this report.

For more information:

Comptroller of Maryland
Revenue Administration Division
P.O. Box 2999
Annapolis, MD 21404-2999

Telephone: 410-260-7980, 800-638-2937
Fax: 410-260-7924

www.marylandtaxes.gov

Please submit the completed original and one (1) copy to the address above.