



21609R049

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

This claim is subject to audit and possible adjustment.

License # PW-	FEIN	CR#
Name		
Trade Name (If applicable)		
Street Address		
City, State, ZIP code		
Telephone Number		

Type of Refund (Check one):

Returned merchandise

Overpayment of OTP taxes

Other: _____

Period of Claim
From _____ To _____

Part A For Returned Merchandise

REPORT MONTH _____

OTP Type	Net invoice for Returned Merchandise on which the tax has been paid (Use rounded numbers)	TIMES	Tax	EQUALS	Refund Amount
PREMIUM CIGAR		X	.15	=	
CIGAR		X	.70	=	
PIPE TOBACCO		X	.30	=	
OTHER		X	.53	=	
TOTALS					

Part B For Overpayment of OTP Taxes

Report Month	Amount of Overpayment	Refund Amount
TOTALS		

CERTIFICATION: Under penalties of perjury, I declare that I have examined this return, and I hereby certify that all statements herein made are true to the best of my knowledge and belief, and that no part of the refund herein claimed has been heretofore paid. I further certify that the tax for which I am claiming refund has been paid by me.

Print name

Title (Owner, Partner or Officer)

Signature

Date

Email