## **MARYLAND FORM**

## 608-1

## **PACKS AND CIGARETTE TAX STAMPS**



Every licensed distributor 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 one (1) copy to Comptroller of Maryland, Revenue Administration Division, P.O. Box 2999 Annapolis, MD 21404-2999.

Wholesaler's Name			License # <b>TW-</b>	Period End Date (mm/dd/yyyy)	
Email			1 **	Phone #	
Street Addres	SS				
City			State	Zip code	
Schedule	Line	STAMPED OTHER THAN MARYLAND	STATE	TOTAL (PACKS)	
	1	Packs on hand beginning of month			
	2	Packs stamped during month (same as line 16)			
В	3	Packs received stamped during month			
	4	Total Lines 1, 2, and 3			
	5	Physical Inventory - on hand end of month			
	6	Packs sold during month			
D	7	Packs returned to manufacturer			
	8	Miscellaneous dispositions - Attach explanation			
	9	Total Lines 5, 6, 7, and 8			
	10	UNACCOUNTABLE DIFFERENCE (Line 4 minus line			
UNAFFIXED TAX STAMPS OTHER STATES				TOTAL (STAMPS)	
	11	Stamps on hand beginning of month			
	12	Received during month			
	13	Total lines 11 and 12			
	14	Tax stamps credited by state indicated above			
	15	Physical inventory - on hand end of month			
	16	Total line 13 less lines 14 and 15 - AFFIXED TO PA			
		e penalties of perjury that the contents of this return (ir me and to the best of my knowledge and belief is a tru			
Date signed MI	M/DD/YY\	YY Signature	Signature of Owner of Business or Officer of Company		
Print Name		Email add	ail address		

## 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

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