

**WHOLESALE'S
AFFIDAVIT OF
CIGARETTES RETURNED
TO THE MANUFACTURER
WITH STAMPS AFFIXED**



216010049

Name License No.

Street Address

City State Zip Code +4

This will certify that the cigarettes indicated below, with Maryland cigarette tax stamps affixed, were returned to

(Name and License number of Manufacturer)

on _____ via _____
(Date Shipped) (Method of Shipment)

No. Pkgs.	Stamp Denomination	Value of Stamps
_____	_____	_____
_____	_____	_____
_____	_____	_____

The cigarettes indicated above were:

- Returned by customers.
- Received from manufacturer's representative.
- Other (describe) _____

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.

Print Name

Title: Owner, Partner or Officer

Signature

Email

Date

Contact Information:
Comptroller of Maryland
Field Enforcement Bureau
Licensing and Registration Unit
PO Box 2999
Annapolis, MD 21404-2999

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