MARYLAND FORM 600R

CLAIM FOR REFUND OF OVERPAYMENT OF 2024 TOBACCO FLOOR TAX

24600R049

Date: _____

Legal Name _____ FEIN __ __ - __ __ __ __ __ __ __

Trade Name _____ CR Number __ __ __ __ __ __ __ __

Street Address _____ License Number __ __ __ __ __ __ __ __

City _____ State _____ Zip Code +4 _____

Claim for OTP tax refund is hereby made in the amount of $ _____ . ____

This OTP Claim is itemized as follows:

_____

_____

_____

Claim for Cigarette tax refund is hereby made in the amount of $ _____ . ____

This Cigarette Claim is itemized as follows:

_____

_____

_____

Total tax refund amount $ _____ . ____

AFFIDAVIT

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 _____

Signature _____ Email _____

Complete this **Claim For Refund** and send to:

Comptroller of Maryland
Alcohol, Tobacco & Motor Fuel
P.O. Box 2999
Annapolis, Maryland 21404-2999

For more information, contact:

410-260-7980/1-800-638-2937