

**MARYLAND
FORM
605-A**

SCHEDULE A SUMMARY



21605A049

Period Ending: _____

License No.: _____

DISTRIBUTOR'S NAME	ADDRESS

Manufacturer Name	Manufacturer License number	Total Unit Packs 20's	Total Unit Packs 25's	Total Unit Packs Other ()	FOR OFFICE USE ONLY		
					TAB RUN	S/B	DIFF.
TOTAL CIGARETTE PACKS RECEIVED FROM ALL MANUFACTURERS DURING REPORTING PERIOD							

For more information:

Visit our Web site at www.marylandtaxes.gov or call Taxpayer Service at 410-260-7980 in Central Maryland or 1-800-638-2937 from elsewhere. Send faxes to 410-260-7924. **Mail to:** Comptroller of Maryland, Revenue Administration Division, P.O. Box 2999, Annapolis, MD 21404-2999.