

**MARYLAND
FORM
608-1**

**CIGARETTE WHOLESALER
OTHER STATE DISTRIBUTION
REPORT FOR CIGARETTE
PACKS AND CIGARETTE TAX
STAMPS**



216081049

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 # TW-	Period End Date (mm/dd/yyyy)
Email	Phone #	
Street Address		
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)	
B	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 9)	
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 PACKS	

I declare under the penalties of perjury that the contents of this return (including and accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Date signed MM/DD/YYYY

Signature of Owner of Business or Officer of Company

Print Name

Email 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
Marylandcomptroller.gov