



216340049

Name of Manufacturer		
Street Address		
City	State	Zip Code + 4
Period End Date (mm/dd/yyyy)		License Number
Email		

**SUMMARY OF SAMPLE CIGARETTE DISPOSITIONS**

Kind of Cigarette Packs	Number of Sample Packs	Tax per Pack	Tax Due
Packs of twenty (20s)		@ \$5.00	
Packs of twenty-five (25s)		@ \$6.25	
<b>TOTAL TAX DUE</b>			<b>\$</b>
<b>AMOUNT REMITTED</b>			<b>\$</b>

**VERIFICATION**

I do solemnly declare and affirm under the penalties of perjury that the contents of this return are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

**Instructions**

1. Summarize all sample cigarette activity for month in spaces provided above.
2. Calculate total tax. Remit payment at [marylandtaxes.gov](http://marylandtaxes.gov) or with return. Make checks payable to "Comptroller of Maryland".
3. On page 2 list each shipment in detail. If the same person was consigned more than one shipment during the month, list each shipment separately.
4. Return must be filed no later than the 15th of the month following the report month.
5. If you had no sample activity in a given month, file the return indicating "No Activity".

Comptroller of Maryland  
Alcohol, Tobacco, & Motor Fuel Unit  
P.O. Box 2999  
Annapolis, Maryland 21404-2999  
410-260-7980 or 1-800-638-2937  
**[www.marylandtaxes.gov](http://www.marylandtaxes.gov)**

