

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



216010049

Business 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 - must match bill of lading.) (Method of Shipment)

Number of Packs

Stamp Denomination

Value of Stamps

Number of Packs	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 this form 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 Unit
PO Box 2397
Annapolis, MD 21404-2397

410-260-7215
CIGARETTESTAMPS@marylandtaxes.gov
www.marylandtaxes.gov