



216020049

Name: _____ License No: _____

Address: _____

Date taken: _____ Time: _____ to _____ Taken by: _____

The closing of business for this inventory is _____, and All sales and purchases after inventory shall be dated _____
(Date) (Date)

Indicate quantity of cigarettes per pack 20 25 Other _____

	Unsaleable	Saleable	Total (packs)
Packs without tax stamps affixed	_____	_____	_____
Packs stamped other than Maryland (Indicate State)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Packs stamped Maryland	_____	_____	_____

UNAFFIXED STAMPS

Jurisdiction	Total Stamps
Maryland	_____
Other states (Indicate State)	_____
_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT: HAVE YOU INVENTORIED ALL CIGARETTES? _____ ALL STAMPS? _____

I certify that the above information is true and correct and further certify that the entire cigarette stock and all unused stamps on hand have been counted.

ATTB Print Name _____ Date _____

ATTB Signature of Licensee _____

Title Email _____

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.

**Please submit completed original to: Comptroller of Maryland
Revenue Administration Division
PO Box 2999
Annapolis, MD 21404-2999**