



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 Packages	Number of Sample Packs	Tax per Package	Tax Due
Pkgs of twenty (20)		@ \$3.75	
Pkgs of twenty-five (25)		@ \$4.38	
<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 the foregoing document 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 and remit 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 month, list each date separately.
4. Return must be physically received in the Tobacco Tax office 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 report indicating "No Activity".

Comptroller of Maryland  
Revenue Administration Division  
P.O. Box 2999  
Annapolis, Maryland 21404-2999  
410-260-7980 or 1-800-638-2937  
Fax: 410-260-7924  
www.marylandtaxes.gov

