



State of Maryland
Comptroller of Maryland
Compliance Division
301 West Preston Street, Room 303
Baltimore, Maryland 21201-2383

Refund Application: Admissions and Amusement Tax

Trade Name:		Admissions Tax Account Number:	
Owner Name:		FEIN or Social Security Number:	
Mailing Address:			
City or Town, State and Zip:		Telephone Number:	

The undersigned, hereby requests the Comptroller to refund the sum of \$. This sum is the amount of admissions and amusement tax that has been improperly paid by the undersigned for the reasons described below:

1.
2.
3.

Type of Activity	Subdivision Imposing Tax	Tax Rate	Period Covered	Gross Receipts Before Deducting Tax	Tax Paid	Tax Refund

(Attach extra sheets if needed. Use same format.)

NOTE: In order to expedite this application, non-returnable copies of records supporting the refund request should accompany this form. These records should include, when appropriate, collection tickets, sales journals, cash receipts journals, and admissions and amusement tax returns corresponding to entries in this application. If it is impractical to forward copies of all supporting documents, the records must be made readily available for review by an employee of the Compliance Division, if requested.

Claim Number _____ Claim Code _____

Amount Approved _____

Liabilities _____

Amount Forwarded to Claimant _____

Approved By _____

Manager's Signature _____

I HEREBY CERTIFY that I have examined the information set forth in this claim, including any accompanying schedules or statements, and that said information is true, accurate and complete to the best of my knowledge and belief.

Signature *(Blue or Black Ink)*

Print Name and Title

Date