



MARYLAND
FORM
001-1

CLAIM FOR REFUND



220011049

Date: _____

Claim for tax refund is hereby made in the amount of \$ _____.

This claim is itemized as follows:

Our reasons for filing claim are:

Name of Company _____

Street Address _____

City _____ State _____ Nine Digit Zip Code _____

Federal Identification #

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Permit/License # _____

Complete this **Claim For Refund** and send to:

Comptroller of Maryland
Revenue Administration
Alcohol and Tobacco Tax
P.O. Box 2999
Annapolis, Maryland 21404-2999

For more information, contact:

Telephone: 410-260-7312, 800-638-2937
Fax: 410-260-7924

AFFIDAVIT

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.

Signature

Title

