

FORM 106 STOP PAYMENT REQUEST
 Revenue Administration Division
 Refund Unit

Tax year	MD refund check dated	Amount \$
Primary Taxpayer's printed name		Primary Taxpayer's SSN
Primary Taxpayer's signature*		
Secondary Taxpayer's printed name		Secondary Taxpayer's SSN
Secondary Taxpayer's signature*		
Current Mailing Address - Street/P.O. Box		
Current Mailing Address - City		State Zip
Daytime Contact Number		

* Signatures are matched to our master files. Electronic filers; attach a copy of your State issued identification for verification. On jointly filed returns, both taxpayers must sign this request.

Please place a stop payment on the above referenced refund check and issue a replacement check at the provided mailing address.

Submit Forms to the Refund Unit via Email, Fax or Mail:

Email: RADREFUND@comp.state.md.us

Fax: 410-260-7890

Mail: Comptroller of Maryland
 Revenue Administration Division
 Attn: Refund Unit
 P.O. Box 1829
 Annapolis, Maryland 21404-1829