State of Maryland Comptroller of the Treasury **Compliance Division** 301 West Preston Street Baltimore, Maryland 21201-2383

Sales and Use Tax Refund Application

Trade name	Sales and Use Tax Registration No.				
Owner name		FEIN No. or Social Security No. of applicant			
Mailing address	Telephone No				
City or town, state & zip code					
The undersigned hereby requests the con					
	, for a net refund of \$ This sum is				
the amount of sales and use tax that has been undersigned for the reasons described below:		paid, of collecte	a ana subsequ	entry refunded	
Name (List the names of the persons to whom you paid the tax. If you are a vendor who has refunded or credited tax to customers, list the customers' names.)	Date of sale	Amount of sale	Amount of tax		Amount of tax
,					
If additional space is required, please attach at *Complete if you are a vendor who has refunded or credit NOTE: To expedite this application, non-returnal accompany this form. These recording journals, resale certificates, and can impractical to forward copies of all sureview by an employee of the Complete.	ted tax to a cus irnable copions s should inconcelled check upporting do liance Divisi	estomer. es of records supplied when appropriate the corresponding ocuments, the rection, if requested.	porting the refunction priate, sales a to entries in the cords must be	und request sind purchase in application made readily a	hould invoices or . If it is available for
For Office Use Only	I HEREBY CERTIFY under the penalties of perjury that I have examined the information set forth in this application including any accompanying schedules or statements and that said information is true, accurate and complete to the best of my knowledge and belief.				
laim Code Claim No					
mount approved	,	3p.0		,	,
abilities					
heck issued			Signature		
mount credited			Detail		
pproved by			Print name		
pproved by					
		Title		Da	ate