## 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	-				
less discount previously taken, if applicable, o					
the amount of sales and use tax that has been undersigned for the reasons described below:		paid, or collecte	a ana subsequ	ently refunded	a, by the
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	Date of tax refund/credit*	Amount of tax
If additional space is required, please attach		•	e the information	on using the s	ame format.
*Complete if you are a vendor who has refunded or credit NOTE: To expedite this application, non-return accompany this form. These recording journals, resale certificates, and can impractical to forward copies of all sureview by an employee of the Complete.	irnable copies should inc celled check upporting do liance Divisi	es of records sup lude, when approses corresponding ocuments, the recon, if requested.	opriate, sales a to entries in the cords must be	nd purchase i ils application made readily a	nvoices 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.				
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mount approved	uue, acc		10 10 1115 NG31 U	i iliy kilowicuç	jo ana bellet.
abilities					
heck issued			Signature		
mount credited					
pproved by			Print name		
pproved by					
		Title		Da	ate