Reset

Print Form

STATE OF DELAWARE
Department of Finance
Division of Revenue
820 N. French Street
P.O. Box 2340
Wilmington, Delaware 19899-2340

CLAIM FOR REVISION
LICENSE TAX

FORM 1049C-9602

REV CODE 0035-42

THIS FORM TO BE USED TO CLAIM CIGARETTE EXCISE TAX REFUNDS

1. Enter Account Number

2. Business Code Group Description

3. Business Name

4. Trade Name if Different from Above

5. Business Location Address

City State Zip Code

6. Mailing Address if Different

City State Zip Code

Delaware excise tax stamped stale, damaged or unusable cigarettes were returned to manufacturer(s) in the quantities and package configuration listed below as evidenced by the enclosed notarized statement(s) from manufacturer(s).

_____ packages of 20 cigarettes @ $1.15 cents per pack = $_____

_____ packages of 25 cigarettes @ $1.44 cents per pack = $_____

TOTAL AMOUNT TO BE REFUNDED: $ _____

SIGNATURE TITLE DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.

(Revised 07/30/07)