

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

**2014**

**CLAIM FOR REVISION  
LICENSE TAX**

REV CODE 0035-42

**FORM 1049C-9602**

**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 @ \$1.60 cents per pack = \$ \_\_\_\_\_

\_\_\_\_\_ packages of 25 cigarettes @ \$2.00 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.*

