

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**

REV CODE 0035 - 42

FORM 1049C-9602

**THIS FORM TO BE USED TO CLAIM
CIGARETTE EXCISE TAX REFUNDS**

1. Enter Account Number - 2. Calendar Year to be Adjusted

3. Business Code Group Description

4. Business Name

5. Trade Name if Different from Above

6. Business Location Address

City
State Zip Code

7. 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.

