

**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	<input type="text"/>	-	<input type="text"/>	2. Calendar Year to be Adjusted	<input type="text"/>
3. Business CodeGroup Description	<input type="text"/>				
4. Business Name	<input type="text"/>				
5. Trade Name if Different from Above	<input type="text"/>				
6. Business Location Address	7. Mailing Address if Different				
<input type="text"/>			<input type="text"/>		
<input type="text"/>			<input type="text"/>		
City			City		
<input type="text"/>			<input type="text"/>		
State	Zip Code	State Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

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 @ \$2.10 cents per pack = \$

packages of 25 cigarettes @ \$2.63 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.

