STATE OF DELAWARE

Department of Finance

Division of Revenue 820 N. French Street P.O. Box 2340 Wilmington, Delaware 19899-2340

2012

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 De	escription					1
3.	Business Name						
4.	Trade Name if Different for	rom Above					
5.	Business Location Addre	SS		6.	Mailing Add	ress if Different	
	City	State	Zip Code		City	State	Zip Code
						o manufacturer(s) in the communication manufacturer	
	packages of 20 cigarettes @ \$1.60 cents per pac				\$		
	packages of 25 cigarettes @ \$2.00 cents per pack = \$						
	TOTAL AMOUN		\$				

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

TITLE



DATE

SIGNATURE