

Maine Revenue Services  
Cigarette Tax Refund Application



\*0518100\*

00

# CigRef

Registration Number

Period

1. Entity Information

- 2.  **OUT OF BUSINESS?** Date closed: \_\_\_\_\_
- 3.  **OWNERSHIP OR NAME CHANGE?** Date \_\_\_\_\_  
Explanation \_\_\_\_\_
- 4.  **SOLD?** Date \_\_\_\_\_

ADDRESS CHANGE? Make corrections above and check here

**Do Not Use Red Ink!**

Number of packages (from Col. 2 on reverse side) 1. \_\_\_\_\_, \_\_\_\_\_ x \$2.00 \_\_\_\_\_, \_\_\_\_\_

Number of packages (from Col. 3 on reverse side) 2. \_\_\_\_\_, \_\_\_\_\_ x \$2.50 \_\_\_\_\_, \_\_\_\_\_

5. Amount of Refund Claimed \_\_\_\_\_, \_\_\_\_\_

**Please note:**

An ORIGINAL completed manufacturer's statement of unsalable or returned cigarettes must accompany refund application. Refunds will be denied without such form. Refunds will be denied if not filed within 90 days of return of cigarettes to the manufacturer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #



