



# DELAWARE F O R M

## DIVISION OF REVENUE GRT-TPA



### CLAIM FOR REVISION FOR OTHER TOBACCO PRODUCT TAX

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

<b>1. ACCOUNT NUMBER</b>	<b>2. ADJUSTED CALENDAR YEAR</b>
<b>3. BUSINESS NAME</b>	<b>4. TRADE NAME IF DIFFERENT</b>
<b>5. BUSINESS LOCATION ADDRESS LINE 1</b>	<b>6. MAILING ADDRESS IF DIFFERENT ADDRESS LINE 1</b>
<b>ADDRESS LINE 2</b>	<b>ADDRESS LINE 2</b>
<b>CITY</b>	<b>CITY</b>
<b>STATE</b>	<b>ZIP CODE</b>

Delaware excise tax stamped stale, damaged, or unusable cigarettes were returned to the manufacturer(s) in the quantities and package configuration listed below as evidenced by the enclosed notarization statement(s) from manufacturer(s).

	packages of 20 cigarettes @ \$2.10 per pack =	\$	
	packages of 25 cigarettes @ \$2.63 per pack =	\$	
<b>TOTAL AMOUNT TO BE REFUNDED</b>		\$	

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

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Applicant's Signature
Title
Date

**Mail completed form to:** Delaware Division of Revenue  
PO Box 2340  
Wilmington, DE 19899-2340