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

2010

DEV	CODE	0035-42
KE V	CODE	0033-42

FORM 1049C-9602

THIS FORM TO BE USED TO CLAIM CIGARETTE EXCISE TAX REFUNDS **Enter Account Number** 2. **Business Code Group Description** 3. **Business Name** 4. Trade Name if Different from Above 5. **Business Location Address** Mailing Address if Different City Zip Code City Zip Code State State 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:

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

TELEPHONE NUMBER



DATE

SIGNATURE