## 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

REV CODE 0035-42

FORM 1049C-9602

## THIS FORM TO BE USED TO CLAIM CIGARETTE EXCISE TAX REFUNDS

1.	Enter Account Nu	Imber						
	       J				·      - L _			
2.	Business Code Group Description							
3.	Business Name							
4.	Trade Name if Di	fferent from Above						
5.	Business Location Address			6.	Mailing Add	ress if Different		
	City	State	Zip Code		City	State	Zip Code	
						o manufacturer(s) in the qua tement(s) from manufacture		
	packages of 20 cigarettes @ \$1.60 cents per pack = \$							
	packages of 25 cigarettes @ \$2.00 cents per pack = \$							
	TOTAL A	MOUNT TO BE REF	UNDED:			\$		

SIGNATURE

TITLE

DATE

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

