## 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

2013

DEV	CODE	0035-42
KEV	CODE	0033-42

FORM 1049C-9602

	THIS FORM TO BE USED TO CLAIM CIGARETTE EXCISE TAX REFUNDS									
1.	Enter Account Number		7	7	7	 				
2.	Business Code Group De									
3.	Business Name									
4.	Trade Name if Different fr	om Above								
5.	Business Location Addre	ss		6.	Mailing Add	lress if Different				
	City	State	Zip Code		City	S	otate	Zip Code		
		es of 20 cigarette		r pack =	notarized sta	tement(s) from ma				
	TOTAL AMOUN	VT TO BE REF	UNDED:			\$				
	SIGNATURE		TIT	LE			DATE			

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