

State of Rhode Island and Providence Plantations

DEPARTMENT OF ADMINISTRATION — DIVISION OF TAXATION

One Capitol Hill • Providence, RI 02908

EXCISE TAX SECTION

Application For Refund of Cigarette Tax

THIS FORM TO BE EXECUTED ONLY FOR REFUND PAYMENTS MADE BY CIGARETTE TAX SECTION

Name of Licensee .....

Mailing Address ..... City.....State.....Zip Code.....

Business Tel. No. ( ) .....

Federal I.D. # ..... or Social Security # .....

To the Tax Administrator:

Application is hereby made for refund on the cigarette tax stamps or licenses shown below and for the reasons stated in accordance with the provisions of Chapter 20 of Title 44 of the General Laws of 1956 as amended.

Table with 4 columns: Date, Denomination, Number of Stamps, Face Value of Stamps. Includes two rows of dotted lines for data entry.

Face Value of Stamps.....
Less 1.25% Discount.....
Refund at 98.75%.....
Total Refund To Be Allowed \$ (.....)

Refund is Requested for the Reasons Checked:

- Stamps Mutilated
\*Licensee Discontinuing the Affixing of Tax Stamps
Cigarettes old, dry and unsalable to be destroyed by manufacturer [Attach original manufacturer affidavit(s)]
\*Redemption of unused cigarette tax stamps will be refunded at 98% of their face value

The undersigned hereby certifies that the information herein set forth is true and correct to the best of his knowledge and belief and that this statement is made under the penalties of perjury.

Date ..... 19..... Signature Title

Approved ..... Tax Administrator