



DELAWARE F O R M

DIVISION OF REVENUE TPT-AMD

AMENDED TOBACCO PRODUCTS TAX RETURN



This form to be used to claim cigarette excise tax refunds.

1. ACCOUNT NUMBER	2. CALENDAR YEAR TO BE ADJUSTED	3. BUSINESS CODE GROUP DESCRIPTION	
4. BUSINESS NAME		5. TRADE NAME (IF DIFFERENT FROM BUSINESS NAME)	
6. BUSINESS LOCATION ADDRESS			
ADDRESS LINE 2			
CITY		STATE	ZIP
7. MAILING ADDRESS (IF DIFFERENT)			
ADDRESS LINE 2			
CITY		STATE	ZIP

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

	PACKAGES OF 20 CIGARETTES @ \$2.10 CENTS PER PACK =	\$	
	PACKAGES OF 25 CIGARETTES @ \$2.63 CENTS PER PACK =	\$	
TOTAL AMOUNT TO BE REFUNDED:			\$

I declare under penalties of perjury, that this is a true, correct and complete return.

AUTHORIZED SIGNATURE

DATE

EMAIL ADDRESS

PHONE NUMBER