## MARYLAND **FORM** 623

## **CIGARETTE TAX STAMP REQUEST**



Purchaser's Name					Date	Date	
Address							
City				State	State Zip code +4		
E-mail address				<u> </u>			
License No.: TW-							
Check one							
Electronic P	urchase Credit Purchase	Purchaser's	Order No.:		_	DO NOT USE SPACE BELOW	
	H MARYLAND STATE CIGAR ED STAMPS (20s) MUST BE OI						
QUANTITY	MACHINE APPLIED STAMPS	VALUE DISCOUNT NE		NET AMO	NET AMOUNT	SERIAL NUMBERS From To	
	STATEWIDE \$5.00	\$	\$	\$	i		
MACHINE APPLIE	O STAMPS (25s) MUST BE ORD	ERED IN ROLLS (	OF 7,200 STAMP	S EACH:			
M-	STATEWIDE \$6.25	:					
QUANTITY	HAND APPLIED STAMPS	VALUE	DISCOUNT	NET AMO	UNT	SERIAL NUMBERS From To	
HAND APPLIED (F	USON®) STAMPS (20s) MUST	BE ORDERED ON	PADS OF 7,500				
	STATEWIDE (FUSON®) \$5.00	\$	\$	\$			
TOTALS: F	OR ALL STAMPS ORDERED	\$	\$	\$	:	CREDIT NOS. USED	
	T	OTAL AMOUNT C	F CREDIT USE	<b>D</b> \$			
NET AMOUNT \$				:			
		SHIPPING COS		ST   \$			
		TOTA	AL AMOUNT DU	<b>JE</b> \$	<u>:</u>		
<b>DO NOT SEND C</b> vided a bond.	URRENCY. Payment must be	made electronica	lly at marylandt	axes.gov unles	s you	ı have arranged credit and pro-	
Delivery: (check o	nna)						
Delivery. (Check o							
Our Messen	ger Please Ship*						
	NOT BE FILLED UNLESS SIGN OINT (COMPTROLLER OF MAR					E CARD. ALL ORDERS ARE SOLD ON, ANNAPOLIS, MD).	
						ransferred to the purchaser once	
the stamps are in t or theft of the cigar	he possession of the carrier. A	t that point, the Co er is responsible fo	omptroller of Ma or shipping costs	ryland is no lor and any suppl	nger r emen	esponsible for any loss, damage, atal insurance required to replace	
	,	, ,	<i>J</i>		,		
Official signature o	f purchaser:					Date:	
Order filled by:		Delivered to:	Delivered to: Signature of persons picking up sta			Date:	
Contact 1	Information:		Signature of p	persons picking u	ıp stan	mps	
COMPTROLLER OF MARYLAND FIELD ENFORCEMENT BUREAU LICENSING UNIT PO BOX 2397			410-260-7215 CIGARETTESTAMPS@marylandtaxes.gov www.marylandtaxes.gov				

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ANNAPOLIS, MD 21404-2397