

State of Maryland  
 Comptroller of Maryland  
**Compliance Division**  
 301 West Preston Street  
 Baltimore, Maryland 21201-2383

## Refund Application: Admissions and Amusement Tax

Trade Name \_\_\_\_\_ Admissions Tax Account Number \_\_\_\_\_  
 Owner Name \_\_\_\_\_ FEIN or Social Security Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City or Town, State and Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

The undersigned, hereby requests the Comptroller to refund the sum of \$\_\_\_\_\_. This sum is the amount of admissions and amusement tax that has been improperly paid by the undersigned for the reasons described below:

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Type of Activity	Subdivision imposing tax	Tax rate	Period covered	Gross receipts before deducting tax	Tax paid	Tax refund

*(Attach extra sheets if needed, use same format)*

**NOTE:** In order to expedite this application, non-returnable copies of records supporting the refund request should accompany this form. These records should include, when appropriate, collection tickets, sales journals, cash receipts journals, and admissions and amusement tax returns corresponding to entries in this application. If it is impractical to forward copies of all supporting documents, the records must be made readily available for review by an employee of the Compliance Division, if requested.

Claim Number \_\_\_\_\_ Claim Code \_\_\_\_\_

Amount Approved \_\_\_\_\_

Liabilities \_\_\_\_\_

Amount forwarded to claimant \_\_\_\_\_

Approved by \_\_\_\_\_

Manager's signature \_\_\_\_\_

I HEREBY CERTIFY that I have examined the information set forth in this claim, including any accompanying schedules or statements, and that said information is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Taxpayer Service: 410-767-1300 in Baltimore or toll-free 1-800-492-1751 from elsewhere in Maryland  
 For the hearing impaired: MRS 1-800-735-2258 ♦ TDD 410-767-1967 ♦ EOE