

**MARYLAND
FORM
SUT205**

**Sales and Use Tax
Refund Application**

| For Office Use Only | |
|-----------------------|-----------------|
| Claim Code ____ | Claim No. _____ |
| Amount approved _____ | |
| Liabilities _____ | |
| Check issued _____ | |
| Amount credited _____ | |
| Approved by _____ | |
| Approved by _____ | |

FEIN Number or SSN of owner, officer or agent responsible for taxes

Sales and Use Tax Registration Number

| | | | |
|----------------------------|--|-------------------------|----------|
| Legal Name of Entity owner | | Trade name if different | |
| Number and street | | | |
| City / town | | State | ZIP code |
| Telephone number | | | |

The undersigned hereby requests the comptroller to refund sales and use tax in the amount of \$ _____, less discount previously taken, if applicable, of _____, for a net refund of \$ _____. This sum is the amount of sales and use tax that has been improperly paid, or collected and subsequently refunded, by the undersigned for the reasons described below:

| Name (List the names of the persons to whom you paid the tax. If you are a vendor who has refunded or credited tax to customers, list the customers' names.) | Date of sale | Amount of sale | Amount of tax | Date of tax refund/credit* | Amount of tax refund/credit* |
|---|--------------|----------------|---------------|----------------------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If additional space is required, please attach additional sheets and provide the information using the same format. *Complete if you are a vendor who has refunded or credited tax to a customer.

NOTE: To expedite this application, non-returnable copies of records supporting the refund request should accompany this form. These records should include, when appropriate, sales and purchase invoices or journals, resale certificates and cancelled checks 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.

I HEREBY CERTIFY under the penalties of perjury that I have examined the information set forth in this application 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

_____ Date

_____ Title

Direct inquiries and mail application to:
Comptroller of Maryland
Compliance Division
301 West Preston Street, Room 303
Baltimore, Maryland 21201-2383

For more information email questions to:
CDSTREFUNDS@comp.state.md.us
or call 410-767-1530.
Maryland Relay (MRS) at 711