



DEPARTMENT OF  
**REVENUE**  
STATE OF MISSISSIPPI

AFFIDAVIT FOR REFUND OR CREDIT  
FOR TOBACCO STAMPS

Form 72-001-15

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ BEFORE ME,  
the undersigned authority, on this day personally appeared \_\_\_\_\_, who after  
being by me first duly sworn, on oath deposed and said: (NAME)

**Under the penalty of perjury,**

I hereby certify that I am the applicant (or, officer, agent or representative of the applicant), for a refund of the value of tobacco stamps heretofore affixed to taxable cigarettes intended for sale in the State of Mississippi, which cigarettes had become unfit for use and consumption, unsalable, or otherwise a legitimate loss because of the fact that \_\_\_\_\_  
(recite the facts with reference to nature of damage, or other facts relied upon for refund; add attachment if needed) which facts are personally known to the affiant to be true and correct, for the purpose of obtaining the refund applied for. I understand and agree that any refund I receive will be in the form of new stamps of equal to the aggregate value of the tax paid on the goods adjudged to be unfit for use, consumption, unsalable or otherwise a legitimate loss. To the extent reasonably possible, I am including all damaged stamps or those stamps previously affixed to otherwise unsalable cigarettes with this Affidavit.

WITNESS MY SIGNATURE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(PRINTED NAME) (SIGNATURE)

\_\_\_\_\_  
(OFFICIAL TITLE OF OFFICER)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(MAILING ADDRESS)

Telephone Numbers: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_