

FORM 106 STOP PAYMENT REQUEST
Revenue Administration Division
Refund Unit

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|---|--------------------------|--------------|
| Tax year | MD refund check dated | Amount \$ |
| Primary Taxpayer's printed name | Primary Taxpayer's SSN | |
| Primary Taxpayer's signature* | | |
| Secondary Taxpayer's printed name | Secondary Taxpayer's SSN | |
| Secondary Taxpayer's signature* | | |
| Current Mailing Address - Street/P.O. Box | | |
| Current Mailing Address - City | State | Zip |
| Daytime Contact Number | | |

* Signatures are matched to our master files. Electronic filers; attach a copy of your State issued identification for verification. On jointly filed returns, both taxpayers must sign this request.

Please place a stop payment on the above referenced refund check and issue a replacement check at the provided mailing address.

Submit Forms to the Refund Unit via Email, Fax or Mail:

Email: RADREFUND@marylandtaxes.gov

Fax: 410-260-7890

Mail: Comptroller of Maryland
Revenue Administration Division
Attn: Refund Unit
P.O. Box 1829
Annapolis, MD 21404-1829