106 STOP PAYMENT REQUEST Revenue Administration Division Refund Unit

Tax year	MD refund check dated			Amount \$
Primary Taxpayer's printed name		Primary Taxpayer's 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			O.V	

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

^{*} 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.