

STOP PAYMENT REQUEST
Revenue Administration Division
Refund Unit

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@comp.state.md.us

Fax: 410-260-7890

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