

**FORM 106 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@marylandtaxes.gov

Fax: 410-260-7890

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