

**Comptroller of Maryland  
Revenue Administration Division  
Revenue Administration Center  
Annapolis, MD 21411-0001**

## Motor Fuel Exports

*Submit this form in duplicate*

Name \_\_\_\_\_ Month of \_\_\_\_\_ 20\_\_\_\_

Address \_\_\_\_\_

	Gasoline	Special fuels
1. Inventory (in truck or storage tanks) beginning this month .....		
2. Total purchase .....		
_____ (Show name of company and location where motor fuel was purchased)		
3. a. Tax paid in Maryland .....		
b. Total purchase tax free in Maryland .....		
4. Total account for .....		
5. Sales and / or transfers into states of		
_____ (from Form COM/RAD-080) _____		
_____ (from Form COM/RAD-080) _____		
Total gallonage on which refund is requested .....		
6. Sales in the state of Maryland .....		
7. Company use .....		
8. Inventory (in truck or in storage tanks) at end of month .....		
9. Stock gain or loss (show gain as a deduction) .....		
10. TOTAL (Add amounts from lines 5 through 9) .....		
(The total on line 10 should agree with the total on line 4)		

Name of company: \_\_\_\_\_

Submitted by: \_\_\_\_\_

*Signature*

*Title*