

Name _____ Month of _____ 20 _____

Street Address _____

City _____ State _____ ZIP code _____

	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