

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

Statement of Sales and/or Transfers Outside of the State of Maryland
Submit this form in duplicate

Name _____ Month of _____ 20 _____

Address _____

List the total gallonage and delivery location for each customer:

Name of Customer	Customer Delivery Location	Total Gallons	
		Gasoline	Special Fuels
Totals			