



210790049

Comptroller of Maryland
Revenue Administration Division
Motor Fuel Refund Unit Room 306B
110 Carroll Street
Annapolis, MD 21411-0001

Name _____ Month of _____ 20____

Address _____

	Gasoline	Special fuels
1. Inventory (in truck or storage tanks) beginning this month	_____	_____
2. Total purchase	_____	_____
<i>(Show name of company and location where motor fuel was purchased)</i>		
3. a. Tax paid in Maryland	_____	_____
b. Total purchase tax free in Maryland	_____	_____
4. Total account for	_____	_____
<hr/>		
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)	_____	_____
<i>(The total on line 10 should agree with the total on line 4)</i>		

Name of company: _____

Submitted by: _____
Signature *Title*