MARYLAND FORM **080**

STATEMENT OF SALES AND/OR TRANSFERS OUTSIDE OF THE STATE OF MARYLAND

210800049

Name _____ Month of _____ 20_____

Address _____

List the total gallonage and delivery location for each cutomer:

		Total Gallons	
		Gasoline	**Special fuels**
	Totals		

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