MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Oil Control Program

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FISCAL YEAR 2026 – OIL TRANSFER FEE REPORT
(JULY 1, 2025 through JUNE 30, 2026)
*** *All steps (1 through 6) on this form must be completed*. ***

STEP 1: Name of Licensee: _____   **OT Number**: 2025-OT-_____

STEP 2: Quarter:
(check one)

1st Quarter (July – Sept 2025) Due: 10/31/2025	2nd Quarter (Oct – Dec 2025) Due: 1/31/2026	3rd Quarter (Jan – Mar 2026) Due: 4/30/2026	4th Quarter (Apr – Jun 2026) Due: 7/31/2026

STEP 3: See directions on page 2 and complete **all** information prior to entering any information in Step 4.

STEP 4: Fee Computation:

A. Enter the "Total Gallons" for each month.

Total Gallons for 1st Month (*from page 2*): _____

Total Gallons for 2nd Month (*from page 2*): _____

Total Gallons for 3rd Month (*from page 2*): _____

B. Sum totals from "A" and enter as:
Total Gallons for Quarter: _____

C. Divide "B" by 42 (*to determine number of barrels*): _____

D. Multiply "C" by **$0.09** (*to determine fee*): $ _____

E. Deduct approved credit (*if applicable*): $ _____
(*Must include documentation for approved credit.*)

F. Add fees due from previous report (*if applicable*): $ _____

G. Total amount of fee due with this report: $ _____

STEP 5: Signature and Verification: I certify, under the penalties of perjury, that this report has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

Signature: _____   Date: _____   Telephone: _____

Print Name: _____   Title: _____   Email: _____

STEP 6: * Make check payable to: Maryland Oil Fund *****

Mail Completed Report and Payment to:

MARYLAND OIL FUND
P.O. Box 1417
Baltimore Maryland 21203-1417

For Office Use Only		
PCA 13818	COMP-OBJ 5671	SUFFIX 610
Receipt Number: _____		
Receipt Date: _____		
Postmark Date: _____		

STEP 3: Enter the Month/Year for each table. Enter total **gallons** transferred (<u>whole numbers only</u>) per transfer type (e.g., pipeline) for each month.   If no transfers occurred during the month, enter a zero (0) in the "Total Gallons" box for the month.

1st Month / Year: _____

Product	Pipeline	Vessel	*Vessel Name*	Truck	Rail	Product Total
Gasoline						
Ethanol/Gasohol						
Kerosene						
Aviation Fuel						
Diesel Fuel						
Biodiesel						
#2 Fuel						
#4 Fuel						
#5 Fuel						
#6 Fuel						
Asphalts						
Hydraulic Oil						
Lubricating Oil						
Other:						

Specify Other Product: _____

Sum "Product Totals" to determine **Total Gallons for 1st Month:** [＿＿＿]

2nd Month / Year: _____

Product	Pipeline	Vessel	*Vessel Name*	Truck	Rail	Product Total
Gasoline						
Ethanol/Gasohol						
Kerosene						
Aviation Fuel						
Diesel Fuel						
Biodiesel						
#2 Fuel						
#4 Fuel						
#5 Fuel						
#6 Fuel						
Asphalts						
Hydraulic Oil						
Lubricating Oil						
Other:						

Specify Other Product: _____

Sum "Product Totals" to determine **Total Gallons for 2nd Month:** [＿＿＿]

3rd Month / Year: _____

Product	Pipeline	Vessel	*Vessel Name*	Truck	Rail	Product Total
Gasoline						
Ethanol/Gasohol						
Kerosene						
Aviation Fuel						
Diesel Fuel						
Biodiesel						
#2 Fuel						
#4 Fuel						
#5 Fuel						
#6 Fuel						
Asphalts						
Hydraulic Oil						
Lubricating Oil						
Other:						

Specify Other Product: _____

Sum "Product Totals" to determine **Total Gallons for 3rd Month:** [＿＿＿]