Form OR-1
Uniform Oil Response
and Prevention Fee

For the month of
Name of licensee Federal Identification number

Mailing address City/Town State Zip

License number Telephone

Terminal address (if different from mailing address) City/Town State Zip

Petroleum Product. From Schedule A. Number of barrels received

1 Gasoline .................................................. 1
2 Diesel .................................................. 2
3 Number 2 fuel oil ..................................... 3
4 Number 4 fuel oil ..................................... 4
5 Number 6 fuel oil ..................................... 5
6 Kerosene .................................................. 6
7 Aviation jet fuel ....................................... 7
8 Aviation gas ............................................. 8
9 Other (attach statement) ............................. 9
10 Total barrels. Add lines 1 through 9 ................. 10

Tax Computation

11 Intrastate transfers (from Schedule B, line 2) ........ 11
12 Foreign Trade Zone deliveries (from Schedule B, line 3) 12
13 Total exemptions. Add lines 11 and 12 ................ 13
14 Net barrels. Subtract line 13 from line 10 .............. 14
15 Total fee due. Multiply line 14 x .05 per barrel .......... 15

Declaration
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

Authorized signature Title (owner, etc.) Date

Return must be filed not later than the 30th day of the month following the month for which this return is made. Make check payable to the Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7008, Boston, MA 02204.
### Schedule A. Receipts of Petroleum Products at a Marine Terminal Within Massachusetts

<table>
<thead>
<tr>
<th>Date received</th>
<th>Name of vessel</th>
<th>Origin of product</th>
<th>Name of Massachusetts terminal shipped to</th>
<th>Type of product</th>
<th>Number of barrels</th>
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1 Total (enter on page 1, line 10) ................................................................. 1

### Schedule B. Exempt Transactions of Petroleum Products

<table>
<thead>
<tr>
<th>Date received</th>
<th>Name and address of recipient</th>
<th>Intrastate transfer exemption</th>
<th>Type of product</th>
<th>Number of barrels</th>
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2 Total intrastate transfer exemption (enter on page 1, line 11) .................................................. 2

<table>
<thead>
<tr>
<th>Date received</th>
<th>Name and address of recipient</th>
<th>F.T.Z. exemption</th>
<th>Type of product</th>
<th>Number of barrels</th>
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3 Total F.T.Z. exemption (enter on page 1, line 12) ................................................................. 3

4 Total exemptions. Add lines 2 and 3 (enter on page 1, line 13) .................................................. 4