



Form OR-1 Uniform Oil Response and Prevention Fee

Rev. 1/12
Massachusetts
Department of
Revenue

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.

		<i>Number of barrels received</i>
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	<i>Barrels</i>		
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		<i>Barrels</i>	
15 Total fee due. Multiply line 14 x .05 per barrel	15			<i>Amount</i>

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
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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**.

STAPLE CHECK HERE

Schedule A. Receipts of Petroleum Products at a Marine Terminal Within Massachusetts

Date received	Name of vessel	Origin of product	Name of Massachusetts terminal shipped to	Type of product	Number of barrels
1 Total (enter on page 1, line 10)					1

Schedule B. Exempt Transactions of Petroleum Products

Date received	Name and address of recipient	Intrastate transfer exemption	Type of product	Number of barrels
2 Total intrastate transfer exemption (enter on page 1, line 11)				2

Date received	Name and address of recipient	F.T.Z. exemption	Type of product	Number of barrels
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
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