

U.S. DEPARTMENT OF HOMELAND SECURITY Bureau of Customs and Border HARBOR MAINTENANCE FEE AMENDED QUARTERLY SUMMARY REPORT 19 CFR 24.24	1. Identifying Number <input type="checkbox"/> EIN or IRS Number <input type="checkbox"/> CBP Number <input type="checkbox"/> SSN 2. Name of Company or Individual 3. Complete Mailing Address
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4. Identifying Number on Original Report <input type="checkbox"/> EIN or IRS Number <input type="checkbox"/> CBP Number <input type="checkbox"/> SSN	5. Reporting Period of Original Report Year _____ (One Quarter Only) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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6. Reason for Amended Report A. <input type="checkbox"/> Correction of Items 1-4 B. <input type="checkbox"/> Request for a Refund, because:			C. <input type="checkbox"/> Remit a Supplement Payment, because:		
(1) <input type="checkbox"/> Calculation/Clerical Error (2) <input type="checkbox"/> Duplication of Payment (3) <input type="checkbox"/> Misinterpretation of Exemptions (4) <input type="checkbox"/> Overvaluation of Shipments (5) <input type="checkbox"/> Other (Please Specify)		(1) <input type="checkbox"/> Calculation/Clerical Error (2) <input type="checkbox"/> Omission of Shipments (3) <input type="checkbox"/> Misinterpretation of Exemptions (4) <input type="checkbox"/> Overvaluation of Shipments (5) <input type="checkbox"/> Other (Please Specify)			

AMENDED PAYMENT CALCULATIONS

7. Type of Shipment With Class Code	8. Value of Shipments	9. Value of Exemptions (from corresponding columns A-D of line 20)	10. Net Value (column 8 less column 9)	11. HMF Due (multiply the amounts in col. 10 by appropriate rate)
A. Domestic Movements 503				
B. FTZ Admissions 505				
C. Passengers 504				
D. Total Values (Total Column 8, 9, & 10)			\$	

12. Total HMF Due (Total of Lines 11A through 11C)	\$
13. Previous HMF Paid for this Reporting Period for this type Movement.	\$
14. A. <input type="checkbox"/> Supplemental Payment , If line 12 is greater than line 13, enter difference. Remit Payment to: CBP, P.O. Box 70915, Chicago, IL 60673-0915	\$
B. <input type="checkbox"/> Refund Due . If line 13 is greater than line 12, enter difference. Mail refund request to: CBP, HMF Refunds, 6026 Lakeside Blvd., Indianapolis, IN 46278	\$

ITEMIZATION OF EXEMPTIONS	A. Domestic	B. FTZ(s)	C. Passengers	D. Total
15. Exempt Port				
16. Inland Waterway Fuel Tax				
17. Intraport				
18. U.S. Mainland/State/Posses				
19. Other				
20. TOTALS (Also enter amounts in 19A thru 15C in 9A thru 9C above.)	\$	\$	\$	\$

21. CERTIFICATION

I hereby certify under penalties provided by law that the above information regarding the Harbor Maintenance Fee is complete and accurate to the best of my knowledge.

Please Sign Here _____ **Date** _____

22. Type or print name of person who prepared this report (if same as block 2, write "SAME".)	23. Telephone Number
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PRIVACY ACT NOTICE: The following information is given pursuant of the Privacy Act of 1974 (Pub. L. 93-579). The disclosure of the social security number is mandatory when an Internal Revenue Service number is not disclosed whenever an identification number is requested. Identification numbers are solicited under the authority of Executive Order 9397 and Pub. L. 99-662. The identification number provides unique identification of the party liable for the payment of the Harbor Maintenance Fee. The number will be used to compare on this form with information submitted to the Government on other forms required in the course of shipping, exporting, or importing merchandise, which contain the identification number, e.g., the SED, Vessel Operation Report, to verify that the information submitted is accurate and current. Failure to disclose an identification number may cause a penalty pursuant to 19 CFR 24.24(h).

PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the Harbor Maintenance Revenue provisions of the Water Resources Development Act of 1988. We need it to ensure that the trade community is complying with this Act, and to allow CBP to determine if the correct amount of Harbor Maintenance Fee (HMF) is collected. It is mandatory. The estimated average burden associated with this collection of information is 26 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0055), Washington, DC 20503.

FORM INSTRUCTIONS

(Refer to Customs Publication No. 548, "Preparation of Harbor Maintenance Fee Forms" for additional instructions; and 19 CFR 24.24.)

The following are specific instructions for most of the items on the form. Items that have no instructions are self-explanatory. Domestic movements, foreign trade zone (FTZ) admissions, passengers, or any combination of these, may be declared on one form provided the name of the company and identifying number are the same for all movements declared.

Item 1. Identifying Number - Individual summary reports may contain only one identifying number. This does not preclude filing more than one summary report for one identifying number. The identifying number must correspond to Item 2, Name of Company or Individual. Check the appropriate box to indicate the kind of identifying number being used. Enter the following information:

- ⊞ Domestic Movements - Shipper's Internal Revenue Service (IRS) Number listed on the Vessel Operator Report (U.S. Army Corps of Engineers Form 3925).
- ⊞ FTZ Admissions - Applicant for Admission to a Foreign Trade Zone's Internal Revenue Service (IRS) Employer Identification Number (EIN).
- ⊞ Passengers--Vessel Operator's Internal Revenue Service (IRS) Employer Identification Number (EIN).

Item 2. Name of Company or Individual - Enter the following information:

- ⊞ Domestic Movements--Shipper listed on the Vessel Operator Report (U.S. Army Corps of Engineers Form 3925).
- ⊞ Foreign Trade Zone Admission and/or Status Designation (CBP Form 214-Box 24).
- ⊞ Passengers--Operator of the Passenger Carrying Vessel.

Item 3. Address - Street Address or P.O. Box number, city, state, and zip code where company or individual may be contacted.

Item 4. Identifying Number Used on the Original Report Previously filed-IRS/EIN/SSN - Number used on CBP-349. Check appropriate box to indicate the kind of identifying number being used.

Item 5. Reporting Period of Original Report Year - Enter the year and quarter used on CBP-349.

Item 6. Reason for Amended Report - Check appropriate box A, B, or C and if B or C, the appropriate number under B or C.

Item 7. Type of Shipment with Class Code - Box D, enter total of columns 8, 9, and 10.

AMENDED PAYMENT CALCULATIONS

Column 8. Value of Shipment - Figures inserted in items 8A through 8C shall represent quarterly total.

- ⊞ (8A) Domestic Movements - Total Value at the time of loading. (Free Alongside Ship (FAS) value, which includes selling price, inland freight, insurance, and all other charges to transport the cargo to the dock alongside the vessel.)
- ⊞ (8B) FTZ Admissions - Total entered value listed on the Application for Foreign Trade Zone Admission and/or Status Designation (CBP Form-214, total of Block 21).
- ⊞ (8C) Passengers - Actual charge for transportation paid by the passengers or the prevailing charge for comparable service if no actual charge is paid. The HMF is paid only once per journey for each passenger. Crewmembers are not subject to the HMF.

Column 9. VALUES OF EXEMPTIONS - Exemptions are to be itemized in Items 15 through 20. Totals shall be inserted in Items 9A through 9C.

Column 10. Net Value--Net value shall be calculated by subtracting Items 9A through 9C from Items 8A through 8C. Enter the total net value in Column 10, Line D.

Column 11. HMF Due - To calculate the HMF, multiply the amount on Lines 10A, 10B and 10C times the rate in effect for the period being reported. The rate is 0.0004 (.04%) through December 31, 1990 and 0.00125 (.125%) beginning January 1, 1991.

Item 12. Total HMF Due - Total of Column 11, A through C.

Item 13. Previously Paid Amount - Original amount paid in quarter being amended.

Item 14A. Supplemental Payment Due - If two types of shipments were included on the CBP 349 being amended, include only the value and fee for the movement type being amended. Attach copies of the original support documents that support the increase. Remit a check or money order payable to the Bureau of Customs and Border Protection.

Item 14B. Refund Due - If two types of shipments were included on the CBP-349 being amended, include only the value and fee for the type of movement being amended. Attach a copy of the CBP-349 and the support documentation for the CBP-349 plus the documents to support the decrease.

ITEMIZATION OF EXEMPTIONS - Only one exemption per movement may be claimed. (See definition of "movement" in Item 5 of the General Instructions in Customs Publication No. 548.) Figures inserted in Items 15 through 20 shall represent quarterly totals.

Item 15. Exempt Port - Total value of shipments, for each type of movement (e.g., domestics, FTZ admissions, etc.), loaded and/or unloaded at an exempt port. See Customs Publication No. 548 "Preparation of Harbor Maintenance Fee Forms" for list of non-exempt ports.

Item 16. Inland Waterway Fuel Tax - Total value of shipments transported by vessels using fuel subject to the Inland Waterway Fuel Tax. Applies only to domestic movements.

Item 17. Intraport - Total value of cargo moved within a single CBP port. Applies only to domestic movements.

Item 18. U.S. Mainland-State/Possession/Territory - Total value of the following:

- ⊞ Cargo, other than Alaskan crude oil, loaded on a vessel in Hawaii, Alaska, or Puerto Rico, and unloaded in the state or territory in which loaded.
- ⊞ Cargo, other than Alaskan crude oil, transported from the U.S. mainland to Alaska, Hawaii, Puerto Rico, or the U.S. possessions for ultimate use or consumption: and/or
- ⊞ Cargo, other than Alaskan crude oil, transported from Alaska, Hawaii, or any U.S. possession to the U.S. mainland, Alaska, Hawaii, or such possession for ultimate use or consumption in the mainland, Alaska, Hawaii, or such possession.
- ⊞ U.S. mainland includes the 48 contiguous states and the District of Columbia.
- ⊞ The U.S. possessions and territories include the following:

American Samoa	Jarvis Island
Baker Island	Johnston Atoll
Guam	Kingman Reef
Howland Island	Midway
Northern Mariana Islands including:	
Agrihan	Rota
Aguigan	Saipan
Guguan	Tinian
Pagan	
Palmyra Island	
Puerto Rico	
U.S. Virgin Islands	
Wake Island	

Item 19. Other - The total value of cargo, for each type of movement, subject to the following exemptions:

- ⊞ Cargo entering the U.S. in-bond for transportation and direct exportation to a foreign country. (Does not include cargo for which a formal entry or warehouse entry is filed, or cargo which is admitted into a foreign trade zone).
- ⊞ Fish and other aquatic animal life caught by a vessel, and not previously landed on shore, regardless of the extent to which it has been processed.
- ⊞ Passengers transported on ferries. Ferries are defined as vessels engaged primarily in the transport of passengers and their vehicles between ports in the U.S. or between ports in the U.S. and ports in Canada or Mexico. The vessel must arrive in the U.S. on a regular schedule during its operating season.

Item 21. CERTIFICATION - Insert signature of shipper, application for FTZ admission, or operator of passenger carrying vessel.