



DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

HARBOR MAINTENANCE FEE
AMENDED QUARTERLY SUMMARY REPORT

19 CFR 24.24

4. IDENTIFYING NO. ON ORIGINAL REPORT (If same as above, write "Same")
 EIN or IRS No. Customs No. SSN

5. REPORTING PERIOD OF ORIGINAL REPORT
 YEAR ► 19 _____ QUARTER (one only) ► 1 2 3 4

6. REASON FOR AMENDED REPORT

A. CORRECTION(S) OF ITEMS 1 - 4

B. REQUEST FOR A REFUND, BECAUSE:

- (1) Calculation/Clerical Error
- (2) Duplication of Payment
- (3) Misinterpretation of Exemptions
- (4) Overvaluation of Shipments
- (5) Other--Please Specify _____

C. REMIT A SUPPLEMENT PAYMENT, BECAUSE:

- (1) Calculation/Clerical Error
- (2) Omission of Shipment(s)
- (3) Misinterpretation of Exemptions
- (4) Undervaluation of Shipments
- (5) Other--Please Specify _____

7. REPORTING PERIOD (If same as shown in Block 5 above for the original report, write "Same").

YEAR ► 19 _____ QUARTER (one only) ► 1 Jan. 1 - Mar. 31 2 Apr. 1 - Jun. 30 3 Jul. 1 - Sep. 30 4 Oct. 1 - Dec. 31

AMENDED PAYMENT CALCULATIONS

TYPE OF SHIPMENT (CLASS CODE)	8. VALUE OF SHIPMENTS	9. VALUE OF EXEMPTIONS (From Corresponding Columns A to D of Line 19)	10. NET VALUE (Column 8 Less Column 9)
A. EXPORTS (502)			
B. DOMESTIC MOVEMENTS. (503)			
C. FTZ ADMISSIONS (505)			
D. PASSENGERS (504)			
E. TOTAL NET VALUE ON WHICH HMF IS TO BE CALCULATED (Sum of Column 10, Lines A - D)			
11. HMF DUE (Multiply the amount on line E by the appropriate rate for this reporting period.)			
12. PREVIOUS HMF PAID FOR THIS REPORTING PERIOD			
13. A. <input type="checkbox"/> SUPPLEMENTAL PAYMENT. If line 11 is greater than line 12, enter difference			
B. <input type="checkbox"/> REFUND DUE. If line 12 is greater than line 11, enter difference			

ITEMIZATION OF EXEMPTIONS	A. EXPORTS	B. DOMESTICS	C. FTZ's	D. PASSENGERS	E. TOTAL
14. EXEMPT PORT					
15. INLAND WATERWAY FUEL TAX					
16. INTRAPORT					
17. U.S. MAINLAND/ STATE/POSSESS.....					
18. OTHER					
19. TOTALS (Also enter amounts from 19A through 19D in 9A through 9D above.)					

20. 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

Signature

Date

SEND TO: U.S. CUSTOMS SERVICE
P.O. BOX 70915
CHICAGO IL 60673-0915
(If line 13A is checked, enclose payment.)

1. IDENTIFYING NUMBER EIN or IRS No. Customs No. SSN

2. NAME OF COMPANY OR INDIVIDUAL _____

3. COMPLETE MAILING ADDRESS _____