

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
HARBOR MAINTENANCE FEE
AMENDED QUARTERLY SUMMARY REPORT
[19 CFR 24.24](#)

[Click for Instructions](#)

1. Identifying Number

 ___ EIN or IRS Number ___ CBP Number ___ SSN

2. Company Name _____
 Individual Name _____

3. Complete Mailing Address

 (Number and Street) (Number 2 and Street 2) (City)

 (State) (Zip Code) (Country) (E-mail address)

 (Phone Number) (Fax Number) Check here if address has changed since last filing.

4. Identifying Number on Original Report

EIN or IRS Number CBP Number SSN

5. Reporting Period of Original Report

Year _____ (One Quarter Only)

1 2 3 4

6. Reason for Amended Report

A. Correction 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 Shipments
- 3. Misinterpretation of Exemptions
- 4. Overvaluation of Shipments
- 5. Other (Please Specify)

7. Type of Shipment With Class Code	8. Value of Shipments	9. Value of Exemptions (from corresponding columns A-C of line 20)	10. Net Value (column 8 less column 9)	11. HMF Due (multiply the amounts in column 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. Supplemental Payment. If line 12 is greater than line 13,

B. Refund Due. If line 13 is greater than line 12,

ITEMIZATION OF EXEMPTIONS	A. Domestic	B. FTZ(s)	C. Passengers	D. Total
15. Exempt Port				
16. Inland Waterway Fuel Tax				
17. Inraport				
18. U.S. Mainland/State/Possession/Territory				
19. Other				
20. TOTALS (amounts in 20A thru 20C will automatically fill 9A thru 9C above)				

Continue

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.

Signature Nannette Voll Date _____ Telephone Number 317-614-4458

6650 Telecom Drive
(Number and Street) _____ *(Number 2 and Street 2)*

Indianapolis IN 46278
(City) *(State)* *(Zip Code)*

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).

PAPER WORK 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 30 minutes per respondent plus 10 minutes recordkeeping depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Information Services Division, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0055), Washington, DC 20503.

CBP Form 350 (06/02)

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Submit Data

After submitting the HMF 350 form, you will need to either fax or e-mail the supporting documents for the original HMF 349 form and the supporting documents for the change(s) reflected on the HMF 350 form. Also, include a copy of the original HMF 349 form and the HMF 350 form submitted. On all of the documents sent, record the Pay.gov Tracking ID received when the HMF 350 form was submitted in Pay.gov. Fax the documents to either 317-298-1259 or 317-298-1071 or e-mail the documents to HMF@dhs.gov with the subject line "HMF 350 Supporting Documents".