

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection <b>HARBOR MAINTENANCE FEE                  QUARTERLY SUMMARY REPORT</b> 19 CFR 24.24	1. Identifying Number <input type="checkbox"/> EIN/IRS Number <input type="checkbox"/> CBP Number <input type="checkbox"/> SSN 2. Name of Company or Individual 3. Complete Mailing Address  <input type="checkbox"/> Check here if address has changed since last filing.
<b>SEND TO: U.S. Customs and Border Protection                  Office of Administration, Revenue Division                  6650 Telecom Drive, Suite 100                  Indianapolis, IN 46278</b>	

4. REPORTING PERIOD Year _____	Quarter19 <input type="checkbox"/> <b>1</b> (January 1st - March 31st) <input type="checkbox"/> <b>3</b> (July 1st - September 30th) (Select Only One) <input type="checkbox"/> <b>2</b> (April 1st - June 30th) <input type="checkbox"/> <b>4</b> (October 1st - December 31st)
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Type of Shipment With Class Code	5. Value of Shipments	6. Value of Exemptions (from corresponding columns A to D of line 15)	7. Net Value (column 5 less column 6)	8. HMF Due (multiply the amounts in column 7 by appropriate rate)
A. Domestic Movements 503				0.00
B. FTZ Admissions 505				0.00
C. Passengers 504				0.00
D. Total Column Value (A, B, & C)	\$	\$	\$	

9. Total HMF Due (Total of Lines 8A through 8C).....	\$ 0.00
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ITEMIZATION OF EXEMPTIONS	A. Domestic Movements	B. FTZ Admissions	C. Passenger Movements	D. TOTAL (A, B, & C)
10. Exempt Port				
11. Inland Waterway Fuel Tax				
12. Inraport				
13. U.S. Mainland/ Possession/Territory				
14. Other				
15. TOTAL (10 - 14) (Also enter amounts in corresponding boxes above).				

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

17. Preparer's Name	18. Phone Number (with country code, if applicable)
19. Email Address	20. Fax Number

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 information on this form with information submitted to the government on other forms required in the course of shipping, exporting, or otherwise moving merchandise and/or cargo, which contain the identification number (e.g. SED, Vessel Operation Report) to verify that the information submitted is complete and accurate. Failure to disclose an identification number may result in 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 this information in order to carry out the Harbor Maintenance Revenue Provisions of the Water Resources Development Act of 1986. 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, Asset Management, Washington, DC, 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0055), Washington, DC, 20503.

# FORM INSTRUCTIONS

(Refer to 19 CFR 24.24 for up-to-date information on the Harbor Maintenance Fee and for a list of updated ports where the fee is applicable.)

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, passenger movements, or any combination of these may be declared on one form provided that the name of the company and the identifying number are the same for all movements declared.

**Box 1. (Identifying Number)** - Individual summary reports should 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 the name in Box 2. Check the appropriate box to indicate the type of identifying number being used. The identifying number should correspond to the following:

- **Domestic Movements** - Shipper's Internal Revenue Service (IRS) Number or Social Security Number (SSN) listed on the Vessel Operation Report (U.S. Army Corps of Engineers Form 3925).
- **FTZ Admissions** - Applicant for Admission to a Foreign Trade Zone's Internal Revenue Service (IRS) Number, CBP Number, or Social Security Number (SSN) that corresponds to the name found in Box 24 of CBP Form 214.
- **Passenger Movements** - Vessel Operator's Internal Revenue Service (IRS) Number, CBP Number, or Social Security Number (SSN).

**Box 2. (Name of Company or Individual)** - Enter the following information:

- **Domestic Movements** - Shipper listed on the Vessel Operation Report (U.S. Army Corps of Engineers Form 3925).
- **FTZ Admissions** - Applicant Firm Name listed on the Application for Foreign Trade Zone Admission and/or Status Designation Form (CBP Form 214, Box 24).
- **Passenger Movements** - Operator of the passenger-carrying vessel.

**Box 3. (Address)** - Street address or P.O. Box, city, state, and zip code where company or individual may be contacted.

**Box 4. (Reporting Period)** - Enter the four-digit year and select the appropriate quarter. Check only one box. A separate summary report is required for each quarter reported.

**Box 5. (Value of Shipments)** - Enter the total value for each shipment type for the reporting period listed in Box 4. Total column value is calculated automatically in Box 5D. Values shall include but are not limited to:

- **Domestic Movements (5A)** - Total value at the time of loading. Value shall be 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.
- **FTZ Admissions (5B)** - Total entered value listed on the Application for Foreign Trade Zone Admission and/or Status Designation Form (CBP Form 214, Box 21).
- **Passenger Movements (5C)** - Actual charge for transportation paid by the passengers (or the prevailing charge for comparable service if no actual charge is paid). HMF is paid only once per journey for each passenger. Crew members are not subject to HMF.

**Box 6. (Value of Exemptions)** - Exemptions are to be itemized on Lines 10 through 14. Totals will automatically calculate in Boxes 6A through 6C. Total column value will calculate automatically in Box 6D.

**Box 7. (Net Value)** - Net Value is calculated automatically in Boxes 7A through 7C. The net value is calculated by subtracting Boxes 6A through 6C from Boxes 5A through 5C, respectively.

**Box 8. (HMF Due)** - HMF Due is calculated automatically in Boxes 8A through 8C. The rate is 0.0004 (0.04%) through December 31<sup>st</sup>, 1990 and 0.00125 (0.125%) beginning January 1<sup>st</sup>, 1991.

**Box 9. (Total HMF Due)** - Total of lines 8A through 8C. Remit a check or money order payable to U.S. Customs and Border Protection to the address on this form or submit the form and payment electronically via Pay.gov. A valid Pay.gov account must be created by CBP before forms and payments can be submitted electronically. To request an account, send an email to [hmf@dhs.gov](mailto:hmf@dhs.gov) with the company information and the contact information for the individual that will be responsible for submitting the forms and payments.

\* **Payments must be received no later than 31 days after the close of the quarter being paid.** Failure to submit payments timely will result in interest assessments on the total amount of the late payment.

## ITEMIZATION OF EXEMPTIONS

Only one exemption per movement may be claimed. Figures inserted in Boxes 10 through 15 shall represent quarterly totals. All exemptions are subject to review and verification by CBP. Supporting documentation shall be submitted to [hmf@dhs.gov](mailto:hmf@dhs.gov) each quarter for all filings that include exemptions.

**Box 10. (Exempt Port)** - Total value of all shipments loaded and/or unloaded at an exempt port. Enter the total value for each type of movement (domestic, FTZ admission, and/or passenger) in its respective column. Values will be automatically entered into their respective boxes in Column 6.

**Box 11. (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.

**Box 12. (Intraporet)** - Total value of cargo moved within a single CBP port. Applies only to domestic movements.

**Box 13. (U.S. Mainland/Possession/Territory)** - Total value of the following:

- Cargo, other than Alaskan crude oil, loaded on a vessel in a port in the U.S. mainland for transportation to Alaska, Hawaii, or any possession of the U.S. for ultimate use or consumption in Alaska, Hawaii, or any possession of the U.S.
- Cargo, other than Alaskan crude oil, loaded on a vessel in Alaska, Hawaii, or any possession of the U.S. for transportation to the U.S. mainland for ultimate use or consumption in the U.S. mainland.
- Cargo, other than Alaskan crude oil, loaded on a vessel in Alaska, Hawaii, or any possession of the U.S. and unloaded in the state or possession in which loaded.
- \* U.S. mainland includes the 48 contiguous states and the District of Columbia.
- \* The U.S. possessions and territories include the following:

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

**Box 14. (Other)** - 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. This does not include cargo for which a formal entry or warehouse entry is filed or cargo which is admitted into a Foreign Trade Zone (FTZ).
- 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 (if applicable) 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.

**Box 16. (Certification)** - Preparer should sign and date this form and fill in Boxes 17, 18, 19, and 20 (if applicable).