### American Innovation and Manufacturing Act - Payment of Antidu

#### Worksheet Instructions:

Submit this cover sheet along with any supporting documentation to EPA through the ODS Tracking

Version:

0.1

**Updated:** 9/27/2021

Reporting Form Navigation:

Section 1 - Company Identification

Section 2 - Import Summary

Section 3 - Duties Paid Summary

Section 4 - Antidumping and Countervailing Duties Documentation

### Section 1 - Company Identification

Instructions: Complete the following company information.

1	2	3	4
Company Name	Contact Name	Contact Phone	Contact Email

#### Section 2 - Import Summary

Instructions: List all HFCs and HTS codes as reported to Customs that were imported by your

HFCs	Imr	orted

	2017	2018	2019	2020
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

# 

5		
6		
7		
8		
9		
10		

#### Instructions: Identify the foreign exporter(s) from which HFCs were imported in each year froi

	Foreign Exporter		
2017	2018	2019	2020

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 35 conduct or sponsor, and a person is not required to respond to, a collection of information unless it d 2 hours per response. Send comments on the Agency's need this formation, the accuracy of the pro techniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (282 completed form to this address.

EPA Form # 5900-535

# Imping and Countervailing Duties

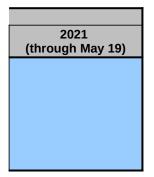
System (ODSTS). Instructions on how to report data through the ODSTS

5	6	7
City	State/U.S. Territory	Zip

r company in each year from January 1, 2017, through May 19, 2021.

2021
(through May 19)
2021
(through May 19)

#### m January 1, 2017, through May 19, 2021.



i01 et seq. (OMB Control No. 2060-XXXX). Responses to this collection of information are mandatory (40 CFR 84.31). An lisplays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of informa vided burden estimates and any suggested methods for minimizing respondent burden including through the use of auton 1T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do

agency may not ation is estimated to be nated collection not send the

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EPA may request additional information or ask follow up questions to verify the accuracy of t

#### Section 3 - Duties Paid Summary

Instructions: Identify the total amount of duties paid for imports in each year from January 1,

Total or Estimated Amount of Duties Paid for Imports in Each Year (USD			
2017	2018	2019	2020

Instructions: Provide an explanation if no duties were owed.

	Explanation if No Duties were Owed		
2017	2018	2019	2020

#### Section 4 - Antidumping and Countervailing Duties Documentation

Instructions: Provide documentation of cash deposit of and final payment of antidumping and imports were not subject to such duties for those years. (§84.31(c)(8)) Documentation may in amount for each entry.

Describe the documentation provided to EPA:

Should the documentation provided be treated as confidential business information (CBI)?

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EPA Form # 5900-535

OMB Control Number: 2060-XXXX Expiration Date: X/XX/202X

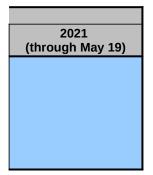
## Imping and Countervailing Duties

System (ODSTS). Instructions on how to report data through the ODSTS

his submission and supporting documentation, including pursuant to CAA section 114 as authorized under the A

2017, through May 19, 2021.

)		
	2021	
	(through May 19)	



d countervailing duties for the regulated substances imported from January 1, 2017, through May 19, 2021, or evi clude entry numbers, dates of entry, AD/CVD case number and AD/CVD cash deposit amount and if liquidated, fir i01 et seq. (OMB Control No. 2060-XXXX). Responses to this collection of information are mandatory (40 CFR 84.31). An lisplays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of informa vided burden estimates and any suggested methods for minimizing respondent burden including through the use of auton 1T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do

IM Act.

dence that those nal AD/CVD duty



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Chemical Name	[Common Name]
CHF <sub>3</sub>	HFC-23
CH <sub>2</sub> F <sub>2</sub>	HFC-32
CH₃F	HFC-41
CF <sub>3</sub> CHFCHFCF <sub>2</sub> CF <sub>3</sub>	HFC-43-10mee
CHF <sub>2</sub> CF <sub>3</sub>	HFC-125
CHF <sub>2</sub> CHF <sub>2</sub>	HFC-134
CH <sub>2</sub> FCF <sub>3</sub>	HFC-134a
CH <sub>2</sub> FCHF <sub>2</sub>	HFC-143
CH <sub>3</sub> CF <sub>3</sub>	HFC-143a
CH <sub>2</sub> FCH <sub>2</sub> F	HFC-152
CH <sub>3</sub> CHF <sub>2</sub>	HFC-152a
CF <sub>3</sub> CHFCF <sub>3</sub>	HFC-227ea
CH <sub>2</sub> FCF <sub>2</sub> CF <sub>3</sub>	HFC-236cb
CHF <sub>2</sub> CHFCF <sub>3</sub>	HFC-236ea
CF <sub>3</sub> CH <sub>2</sub> CF <sub>3</sub>	HFC-236fa
CH <sub>2</sub> FCF <sub>2</sub> CHF <sub>2</sub>	HFC-245ca
CF <sub>3</sub> CH <sub>2</sub> CF <sub>3</sub>	HFC-245fa
CF <sub>3</sub> CH <sub>2</sub> CF <sub>2</sub> CH <sub>3</sub>	HFC-365mfc

[State]
Alabama
Alaska
American Samoa
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Marshall Islands
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Palau
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Virginia

[Option 1]
Yes
No

Washington
West Virginia
Wisconsin
Wyoming
U.S. Virgin Islands