

RFS2 Independent Third-party Aggregate RIN Verification (Report Form ID: RFS2101): Instructions for Completing

Who must report

- All independent third-party auditors that verified RIN's in a calendar quarter.

Reporting requirements

- [40 CFR 80.1451\(g\)\(2\)](#) sets forth the reporting requirements for this form.
- Submit this report as a single line for each calendar quarter.
- If a report field does not apply, enter the value "NA". **Do NOT leave any field blank.**

Reporting deadlines

- Independent third-party auditors must report on a quarterly basis as follows:

Calendar Quarter	Time Period Covered	Quarterly Report Deadline
Quarter 1	January 1 – March 31	June 1
Quarter 2	April 1 – June 30	September 1
Quarter 3	July 1 – September 30	December 1
Quarter 4	October 1 – December 31	March 31

How to submit reports

- Please check the RFS reporting web site for updated instructions and templates:
<https://www.epa.gov/fuels-registration-reporting-and-compliance-help/reporting-fuel-programs>
- For information on submitting this report using EPA's Central Data Exchange (CDX) visit:
<https://www.epa.gov/fuels-registration-reporting-and-compliance-help/user-guides-otaqdcfuel-central-data-exchange-cdx>

Field Instructions

Field No.	Field Name	Units	Field Formats, Codes & Special Instructions
1	Report Form ID		AAAAAAA ; <i>Character</i> . Enter RFS2101 .
2	Report Type		A ; <i>Character</i> . Specify if this report is original or if it is being resubmitted. Submit only one original report; any corrections or updates should be marked as a resubmission. O = Original R = Resubmission
3	CBI		A ; <i>Character</i> . Specify if the data contained within the report are claimed as Confidential Business Information (CBI) under 40 CFR Part 2, subpart B, except the information that cannot be claimed as CBI per 40 CFR 80.1402. Y = Confidential Business Information N = Non-Confidential Business Information
4	Report Date		MM/DD/YYYY ; <i>Character</i> . Enter the date this report is completed.
5	Compliance Year		YYYY ; <i>Character</i> . Enter the compliance year the report covers.

Field No.	Field Name	Units	Field Formats, Codes & Special Instructions
6	Calendar Quarter		AA ; <i>Character</i> . Enter the calendar quarter under the compliance year this report covers: Q1: Quarter 1 (January – March) Q2: Quarter 2 (April – June) Q3: Quarter 3 (July – September) Q4: Quarter 4 (October – December)
7	Independent Third-Party Auditor Company ID		AAAA ; <i>Character</i> . Enter the EPA-assigned four-character ID for the independent third party auditor.
8	Independent Third-Party Auditor Company Name		AAAA...; <i>Character (125 Max)</i> . Enter the registered name of the independent third-party auditor
9	D-Code		AA ; <i>Character</i> . Enter the two-digit D-code of the verified RINs. Submit a separate row for each D-code verified during the calendar quarter. D3: Cellulosic biofuel D4: Biomass-based diesel D5: Advanced biofuel D6: Renewable fuel D7: Cellulosic diesel
10	Total RINS Verified at Start of Quarterly Compliance Period		999999999999; <i>Number</i> . Enter the cumulative total number of RINs verified for the compliance year prior to the start of the quarter by D-code.
11	Total RINS Verified During Quarterly Compliance Period		999999999999; <i>Number</i> . Enter the total number of RINs verified during the quarter by D-code.
12	Cumulative RINS Verified		999999999999; <i>Number</i> . Enter the cumulative total number of RINs verified for the compliance year by the end of the calendar quarter. This should equal the sum of fields 10 and 11.
13	Comments		AAAA...; <i>Character (1000 Max)</i> . Enter any necessary comments or recordkeeping information. Enter “NA” if there are no comments.

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comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.