

# FORM 350 — HARBOR MAINTENANCE FEE AMENDED QUARTERLY SUMMARY REPORT (front)



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. ☐ SUPPLEMENTAL PAYMENT. If line 11 is greater than line 12, enter difference .....  
B. ☐ 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 18A 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.)