



Toxic Release Inventory Program Fee Calculation Worksheet

Complete this worksheet and submit one copy for each facility for each reporting year.

FACILITY IDENTIFICATION				Reporting Year: _____
Facility Name:		TRI_ID:		FOR OHIO EPA USE ONLY
Facility Address:		County:		
City:	State:	Zip Code:	NAICS:	
Technical Contact:		Telephone: () -		Place ID:
Email Address (optional):				Revenue ID:

CALCULATION OF FILING FEE*

The following calculations will determine the amount of the fee which must be submitted pursuant to the Ohio Revised Code Section 3751 and Ohio Administrative Code Rule 3745-100-12. Complete the following calculations based on the number of Form R's submitted (one Form R per chemical reported):

***Fees are not required for Form "A" filed under alternative threshold or for Negative TRI filing**

1) Base Fee (\$50.00 filing fee per facility if at least 1 Form R is filed, not required if only filing Form A)*	\$
2) Number of Form R's submitted (_____) x \$15.00 (IF MORE THAN \$500.00. ENTER \$500.00)	\$
3) Total Fee Due (add lines 1 and 2)	\$
<i>If the Form R is being submitted after August 1st, a 15% late filing fee must be assessed. You must calculate the penalty as follows:</i>	
4) Total fee due (from line 3, above)	\$
5) Total late fee due (Multiply line 4 by 15%)	\$
6) Add lines 3 and 5 to determine TOTAL FEE DUE WITH LATE FEE	\$

SUBMISSION OF REPORTING FEE

Please make checks payable to "Treasurer, State of Ohio." Attach the check to this Fee Calculation Worksheet and send it to**:

Mailing Address:	Ohio Environmental Protection Agency Office of Fiscal Administration General Accounting Section P.O. Box 1049 Columbus, Ohio 43216-1049	Street Address:	Ohio Environmental Protection Agency Office of Fiscal Administration 50 W. Town St., Suite 700 Columbus, OH 43215
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****Do not send copies of your Form R submission(s) with this worksheet.**

If you have any questions, please contact the Ohio EPA Division of Air Pollution Control-TRI Program at (614) 644-2260
The Federal Tax ID for the State of Ohio is 311334820.

FOR OHIO ENVIRONMENTAL PROTECTION AGENCY USE ONLY

Name of Facility: _____	TRI ID: _____
County: _____	NAICS: _____
Check No.: _____	Date: ____/____/____
Fund: 6780	ALI: 715635
	ATC: _____
	Amount: _____
	TRI Fee Doc ID: 18241