

**OHIO ENVIRONMENTAL PROTECTION AGENCY
TOXIC RELEASE INVENTORY PROGRAM
FEE CALCULATION WORKSHEET**

COMPLETE THIS WORKSHEET AND SUBMIT ONE COPY WITH THE SECTION 313 SUBMISSION FOR EACH FACILITY FOR EACH REPORTING YEAR. A COPY OF THIS FORM DOES NOT HAVE TO BE SUBMITTED WITH EACH FORM R.

FACILITY IDENTIFICATION

Reporting Year:

Facility Name:

TRI ID:

FOR OHIO EPA USE ONLY

Facility Address:

County:

City:

State:

Zip Code:

NAICS:

Revenue ID:

Technical Contact:

Telephone:

Place ID:

Email Address (optional):

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)	\$

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:

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:

Ohio Environmental Protection Agency
Office of Fiscal Administration
General Accounting Section
P. O. Box 1049
Columbus, Ohio 43216-1049

The Federal Tax ID for the State of Ohio is: 31-1334820

If you have any questions, please contact the Ohio EPA Division of Air Pollution Control-TRI Program at (614) 644-2260

FOR OHIO ENVIRONMENTAL PROTECTION AGENCY USE ONLY

Name of Facility:

TRI ID:

County:

NAICS:

ATC:

Check No.:

Date:

Amount:

Fund: 678

ALI: 715635

TRI Fee Doc ID: 18241