

INSTRUCTIONS FOR COMPLETING TIRE FEE REPORT

If you have questions that are not covered in these instructions you may obtain assistance by contacting the Scrap Tire Management Program by addresses, e-mail addresses and phone numbers listed at the end of these instructions. You may also refer to our web site at www.gaepd.org.

LINE 1: NEW TIRES SOLD – Enter the total number of new tires sold for this report period. Enter zero “0” if you have nothing to report for this reporting period.

LINE 2: COLLECTION DEDUCTIONS - Enter three percent (3%) of the amount shown on Line 1.

For Example:

Line 1 is \$200.00

\$200 X 3% (0.03) = \$6.00

\$200.00 - \$6.00 = \$194.00

\$194.00 is the amount you will submit.

LINE 3: TOTAL FEES DUE – Line 1 (Total Tires Sold) minus (-) Line 2 (Collection Deduction) = Line 3 (Total Fees Due).

NOTE: If you have **NOT** sold 3,000 or more tires, please disregard the instructions below:

LINES 4 - 7: 3,000 OR MORE TIRES - Complete only if Line 1 is greater than 3000, AND you are remitting the fees by the due date (30th of the month following the end

of the quarter). Subtract 3000 from Line 1; Figure 0.5% of this amount and enter on Line 5. Add Line 4 and Line 5 and enter on Line 6. Subtract Line 6 from Line 1, and enter amount on Line 7. You owe this amount.

LINE 8: PAY THIS AMOUNT – The amount on line 7 is what you owe. Make remittance payable to the Department of Natural Resources-EPD **DO NOT SEND CASH.**

SIGN AND DATE RETURN: Sign and date the return. If this is your final return, enter close date in the box provided.

Return to. **Tire Fee Report**
P. O. Box 101902
Atlanta, GA 30392

If you have questions concerning the status of your account, please contact:

Scrap Tire Management Program
 Tire Fee Report
 4244 International Parkway, Suite 104
 Atlanta, GA 30354
 (404) 363-7027

MAKE A COPY OF THIS REPORT FOR YOUR RECORDS

Scrap Tire Generator I, D. Number	Invoice Number: (EPD USE ONLY)
File Period	Due Date
Business Name	
Street Address	
City, State, and Zip Code	
<small>CERTIFICATION OF PAYMENT I/We certify, under penalty of law, that I/We have personally examined and am/are familiar with the information submitted on this and all attached documents. I/We believe, warrant, swear or affirm that the submitted information is true, accurate, and complete.</small>	IF THIS IS YOUR FINAL RETURN, PLEASE ENTER CLOSURE DATE
AUTHORIZED SIGNATURE	DATE
PRINT NAME AND TITLE	

1. Total number of new tires sold x \$1.00\$ _____
 2. Collection Deductions.
Line 1 multiplied by 3% (0.03).....\$ _____
 3. Total Fees Due.
Subtract Line 2 from Line 1.....\$ _____
- STOP here if less than 3,000 tires sold this quarter**
- Complete lines 4 through 7 ONLY if 3,000 or more tires were sold this**
4. 3% of the first \$3,000 in fees (0.03 x \$3000 = \$90). \$ **90.00**
 5. Take 0.5% of any fees over \$3,000 and enter here. \$ _____
 6. Add **Line 4** and **Line 5** and enter the results here. \$ _____
 7. Subtract **Line 6** from **Line 1** and enter results here. \$ _____
 8. **Pay This Amount = \$** _____
Total from Line 7.