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| **EPD Use Only:** Invoice # \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Georgia Tire Fee Report***(Please type or print)* |
| Persons in Georgia who sell new replacement tires to the ultimate consumer must complete and submit this form to Georgia EPD per the Georgia Comprehensive Solid Waste Management Act, O.C.G.A. 12-8-20, as amended. This report must be submitted, along with collected fees (if applicable), by the 30th of the month following the end of the quarter for which the fee is due. |
| **I. generator Information** |
| Business Name: | Scrap Tire Generator ID#: |
| Street Address: | Reporting Period: |
| City: | State: |  ZIP: | Due Date: |
| Is this business closed? [ ]  Yes [ ]  NoIf yes, what was the last day of operation (date closed)? |
| If this business has moved within the last three months, provide new address below:  |
| Address: | City: | State: | ZIP: |
| **II. calculate your payment** |
|  | 1. Multiply the **total number of new tires sold** during this reporting period by $1.00. If you did not sell any during this period, enter”0.” If this number is 2,999 or less, continue to line 2. If this number is 3,000 or more, skip to line 4.
 | $ |  |
| 1. Multiply line 1 by 0.03. This is **your deduction**.
 | $ |  |
| 1. Subtract line 2 from line 1. This is the **amount you owe**.
 | *Total* | $ |
| **Complete lines 4-8 ONLY if line 1 is $3,000 or more AND if you are remitting fees by the due date (the 30th of the month following the end of the quarter).**  | 1. Subtract $3,000 from line 1.
 | $ |  |
| 1. This is **your deduction** for the first 3,000 tires sold (3% of the first $3,000 in fees; 0.03 x $3,000 = $90).
 | $ 90.00 |  |
| 1. Multiply line 4 by 0.005. This is **your deduction** for new tires sold in excess of 3,000.
 | $ |  |
| 1. Add lines 5 and 6. This is **your total deduction**.
 | $ |  |
| 1. Subtract line 7 from line 1. This is the **amount you owe**.
 | *Total* | $ |
| **III. signature** |
| *I certify, under penalty of law, that I have personally examined and am familiar with the information submitted on this document. I believe, warrant, swear, or affirm that the submitted information is true, accurate, and complete.*  |
| Authorized Signature: | Date:  |
| Print Name:  | Title: |
| **IV. SUBMIT YOUR PAYMENT** |
| Sign and date the report in Section III and list the closure date in Section I if this your final report. Please keep a copy of this report for your records. **Send your check or money order** (do not send cash), made payable to the: Department of Natural Resources – EPD to:**Tire Fee Report, P.O. Box 101902, Atlanta, GA 30392**. |

NOTE: If you paid the $1.00 fee to your tire distributor(s) during this reporting period, you are still required to complete and submit this report. Enter “0” on line 8 in section II and submit this report, along with copies of all purchase invoices for the reporting period, to the address above.

**If you have any questions about this form, please call EPD at 404-363-7027.**