

MARINE INVASIVE SPECIES FEE RETURN

DUE ON OR BEFORE	
[FOID]	YOUR ACCOUNT NO.

BOARD OF EQUALIZATION
SPECIAL TAXES AND FEES
PO BOX 942879
SACRAMENTO CA 94279-6001

BOE USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING**

GENERAL INFORMATION

Existing law authorizes the State Lands Commission to impose a fee on owners or operators of vessels for the purpose of funding a program for the management of ballast water discharge. The State Board of Equalization (BOE) is authorized to collect the fee for deposit into the Marine Invasive Species Control Fund. The fee is due from the owner or operator of a vessel every time that vessel arrives at a California port from a port outside of California.

FILING REQUIREMENTS

This return must be filed, and the fees paid to the BOE on or before the last day of the calendar month following the end of the return reporting period. Schedule A must be completed to provide the information requested for each vessel that arrived at a California port from a port outside of California during the reporting period.

FILING INSTRUCTIONS

Please complete Schedule A, attached. List, in date order, all vessels that arrived at a California port from a port outside of California during the reporting period. Each such arrival is a voyage that is subject to the Marine Invasive Species Fee. Enter the total number of voyages subject to the fee in Box A and carry that number forward to line 1 on the return. Multiply line 1 by line 2 to determine the amount due.

Payments: To make your payment online, go to our website at www.boe.ca.gov and select the "Make a Payment" tab. You can also pay by credit card on our website, or by calling 1-855-292-8931. If paying by check or money order, be sure to include your account number.

		Round cents to the nearest whole dollar
1. Number of vessel voyages subject to the Marine Invasive Species Fee for the month (from Box A on Schedule A)	1.	
2. Rate of fee per voyage	2.	\$
3. Total amount due <i>(multiply line 1 by amount shown on line 2)</i>	3.	\$.00
4. Penalty <i>[multiply line 3 by 10% (0.10) if payment is made after due date]</i>	4.	\$
5. INTEREST: One month's interest is due on the total fee for each month or fraction of a month that payment is delayed after the due date. The adjusted monthly interest rate is	5.	\$
6. TOTAL AMOUNT DUE AND PAYABLE <i>(add lines 3, 4, and 5)</i>	6.	\$.00

If you need additional information, please contact the State Board of Equalization, Special Taxes and Fees, P.O. Box 942879, Sacramento, CA 94279-0088. You may also visit the BOE website at www.boe.ca.gov or call the Customer Service Center at 1-800-400-7115 (TTY:711); from the main menu, select the option Special Taxes and Fees.

<i>I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.</i>		EMAIL ADDRESS	
SIGNATURE	PRINT NAME AND TITLE	TELEPHONE ()	DATE

Make check or money order payable to State Board of Equalization.
Always write your account number on your check or money order. Make a copy of this document for your records.



SCHEDULE A - MARINE INVASIVE SPECIES FEE SCHEDULE

DATE OF ARRIVAL IN CALIFORNIA	VESSEL NAME	LLOYD'S NUMBER	PORT OR PLACE OF ARRIVAL IN CALIFORNIA (First port or place only)	PORT PRIOR TO ARRIVAL IN CALIFORNIA
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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28.				
29.				
30.				
31.				
32.				

TOTAL VOYAGES
 Enter the total number of voyages subject to the fee and carry this amount to Line 1 on the front of the return.

BOX A