

CALIFORNIA OIL SPILL PREVENTION AND ADMINISTRATION FEE RETURN

DUE ON OR BEFORE	
[FOID]	YOUR ACCOUNT NO.

**BOARD OF EQUALIZATION
FUEL TAXES DIVISION
PO BOX 942879
SACRAMENTO CA 94279-6147**

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

**READ INSTRUCTIONS
BEFORE PREPARING**

Make changes if name
or address is incorrect.

GENERAL INFORMATION

The State Board of Equalization is responsible for collecting the fees payable under the Lempert-Keene-Seastrand Oil Spill Prevention and Response Act.

FILING REQUIREMENTS

Every marine terminal operator shall pay a fee for each barrel of crude oil received at the operator's marine terminal from within or outside the state and for every barrel of petroleum products received from outside the state. Every operator of a pipeline shall pay a fee for each barrel of crude oil originating from a production facility in marine waters and transported in the state by means of pipeline operating across, under, or through the marine waters of this state.

The return shall be filed on or before the 25th day of the month following the reporting period together with a remittance for the amount of the fee, if any, due for that period. This return must be filed even though no fees are due.

		BARRELS		
		CRUDE OIL	PETROLEUM PRODUCTS	TOTAL
1. Crude oil received at a marine terminal from within or outside the state	1.			
2. Crude oil originating from a production facility in marine waters and transported in the state by means of a pipeline operating across, under, or through marine waters	2.			
3. Petroleum products received at a marine terminal from outside this state	3.			
4. Total barrels (add lines 1 through 3)	4.			
5. Rate of fee per barrel	5.			\$
6. Total amount of fee due (multiply line 4 by line 5)	6.			\$
7. Penalty [multiply line 6 by 10% (0.10) if payment made or return filed after due date shown above]	7.	PENALTY		\$
8. INTEREST: One month's interest is due on tax for each month or fraction of a month that payment is delayed after the due date. The adjusted monthly interest rate is	8.	INTEREST		\$
9. TOTAL AMOUNT DUE AND PAYABLE (add lines 6, 7, and 8)	9.			\$

IF PAID BY CREDIT CARD, CHECK HERE (Mandatory EFT accounts MUST pay by EFT). []

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.

YOUR SIGNATURE AND TITLE	TELEPHONE NUMBER	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.**

