# Tier Two Inventory Form Fees Calculation Worksheet 

## *DO NOT SUBMIT THIS FORM UNLESS YOU ARE A SMALL BUSINESS FILING A HARD COPY. THE E-FILING PROGRAM AUTOMATICALLY CALCULATES FEES OWED FOR FACILITIES YOU ARE REPORTING AND PRINTS AN INVOICE.*

The 2001 Regular Session of the Louisiana Legislature revised section 2374 of the Right-to-Know Law decreasing fees associated with filing the Right-to-Know Tier Two Inventory Form. For facilities not meeting the definition of small business, the fee will be based on the number of chemicals present on site.

| 01-25 Chemicals........ $\$ 65.00$ | $76-100$ Chemicals........ $\$ 170.00$ |
| :--- | :--- |
| $26-75$ Chemicals...... $\$ 85.00$ | Over 100 Chemicals..... $\$ 255.00$ |

The maximum statewide filing fee is $\mathbf{\$ 2 , 0 0 0 . 0 0}$. Government agencies and facilities licensed by the Liquified Petroleum Gas Commission reporting only liquified petroleum gas are exempt from fees.

To calculate by hand the filing fees for all facilities owned and operated by your company in preparation for and to cross check your e-filing, complete the following section.

## A. Company Information

(1) Company Name:
(2) Number of Facility Locations:
(3) Amount of Fees Due: \$ $\qquad$ $\square$ Parish, State or Governmental Entity- Fee Exempt - LPG Facility - Fee Exempt (See Section B or C)

## B. Size of Your Company/Business

(4) Number of Employees Company Wide: $\qquad$
(Regardless of whether in Louisiana or other states)
(5) Annual Gross Receipts under Two Million Dollars: () YES ( ) NO

If line 4 is less than or equal to 9 and if line 5 is checked YES, the filing fee $=\$ 25.00$
(Complete Line 6)
(6) Number of Small Business Facilities: $\qquad$ X $\$ 25.00=\$$ $\qquad$ .
(Enter on Line 3)
If you are a small business, it is not necessary to complete Section C.

If line 4 is more than 9 or if line 5 is checked as No, then you do not meet the definition of small business and must continue on to Section C.

## C. Fees Calculation Based on Multiple Facilities:

Please list the facility identification number(s) in column 7 AND number of chemicals at each of the facilities in column 8 AND appropriate fee per facility in column 9. Use copies of this form to list additional facilities ( up to 30 ) if necessary.

| (7) <br> Facility ID Number | (8) Number of Chemicals | (9) <br> Fee per Facility |
| :---: | :---: | :---: |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |

Add all entries under column 9 and enter amount of fees on line 10.
(10) Total Amount of Fees Due :
\$ $\qquad$

If line 10 is less than $\$ 2000$, enter the amount from line 10 on line 3 on the front of this form. If line 10 is over $\$ 2000$ you have exceeded the statewide maximum and must enter $\$ 2000$ on line 3.

