Department of Homeland Security
U.S. Customs and Border Protection

Semi-Monthly Excise Tax Form (50 and under - No attachment)

* Due Date: MM/DD/YYYY
* Company's Name:
* Company Address:
Address 2:
* City:
* State: * Zip Code:
* Contact Name:
* Contact Phone:
* Importer Number:
Email Address:

* Entry/Withdrawal Number	* Payment Amount	* Entry/Withdrawal Number	* Payment Amount
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

* Total Amount Paid: $

Submit Data