

**Department of Homeland Security  
U.S. Customs and Border Protection  
Semi-Monthly Excise Tax Form (Over 50)**

* Due Date:	MM/DD/YYYY				
* Company's Name:					
* Company Address:					
Address 2:					
* City:					
* State:		* Zip Code:			
* Contact Name:					
* Contact Phone:					
* Importer Number:					
Email Address:					
* Estimated total number of entries/withdrawal numbers:					
* Total Amount Paid: \$					

**Submit Data**