## State of Maine's Lead Poisoning Prevention Fee Annual Remittance Form

In accordance with the terms of Maine State Law 22 M.R.S.A. §1322-F and the rules implementing the statute (10-144 C.M.R. Chapter 293, Lead Poisoning Prevention Fee Rules), a manufacturer, a brand name or private label owner, or an importer into the United States who sells 1,800 gallons or more of paint in Maine in a calendar year shall pay 25 cents per gallon of paint sold in Maine for that year.\*



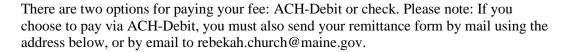
This reporting form, along with any associated payment, is due no later than April 1 for paint sales in the preceding calendar year.

A. Identification of Manufacturer, Brand Name or Private Label Owner, or Importer (please print or type)		
Name and Title of Responsible Official **	Company Name	
Address	Telephone and Email	
	Send future Lead Poisoning Preven	ation Fee info to this email.
B. Remittance Calculation Method (choose one)		Amount Due
Method 1 Number of gallons sold in Maine:	at \$0.25 per gallon.	
Method 2 Maine's pro rata share (0.42%) of national sales volume at \$0.25 per gallon.		
Method 3 This fee does not apply because we sold less than 1,800 gallons of paint in Maine during the previous calendar year.		
C. Remittance Payment Method (choose one)		
PayMaine ACH Debit - <a href="https://gateway.maine.gov/Treasury/PayMaineEntry">https://gateway.maine.gov/Treasury/PayMaineEntry</a>		
Check mailed to Maine CDC. Please make the check payable to: <i>Treasurer</i> , <i>State of Maine</i> . Mail required fee to:		
Childhood Lead Poisoning Prevention Unit		
Attn: Rebekah Church		
286 Water Street, 9th Floor; 11 State House Station Augusta, Maine 04333-0011	i	
D. Signature and Title of Responsible Official:		Date:
I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, is, to the best of my knowledge and belief, true, accurate, and complete.		
E. Confidential Information Designation		
Please check here if you wish to designate the informated described in the rules. 10-144 C.M.R. Chapter 293, 2 (F)		uant to the terms
Please return this form to: Childhood Lead Poisoning Prever House Station, Augusta, ME 04333-0011  If you have any questions regarding this form or the requested Karya Butts by phone at 207, 287, 6650 or by email at kary	uirement of the Lead Poisoning Pr	

<sup>\*</sup> Under the terms of these regulations, "Paint" includes architectural coatings, product finishes for original equipment manufacturers, and special-purpose coatings, and also includes paint sold to the State of Maine and local municipalities. For a more detailed description of paint products covered under these rules, please see 10-144 C.M.R. Chapter 293, I (I).

<sup>\*\*</sup> A Responsible Official means 1) for a corporation - a president, vice president, secretary, or treasurer who is in charge of a principal business function, or any other person who performs similar policy or decision-making functions on behalf of the corporation; 2) for a partnership or sole proprietorship - a general partner or the proprietor, respectively; 3) for a municipality, tribal, state, federal, or other public agency - either a principal executive officer or ranking elected official. 10-144 C.M.R. Chapter 293, I (K).

## **Lead Poisoning Prevention Fee: Payment/Remittance Options**





- **To submit your payment via ACH-Debit, visit** PayMaine at: https://gateway.maine.gov/Treasury/PayMaineEntry
  - 1. **Select Department** Select agency "Lead Poisoning Prev Fund."
  - 2. **Select Payment Method** as ACH-Debit and hit continue (credit card payment is not accepted).
  - 3. **Select Products** Select "Lead Poisoning Prev Fund," enter the dollar amount, and add the business FEIN in the reference field.
  - 4. **Customer Information** Please complete all applicable fields, especially Company Name.
  - 5. **Pay** Payments are submitted on the Converge payment platform. Please make sure all required fields are filled out, including the billing information section. Print the receipt for your records after completing payment.

\*\*IMPORTANT\*\* If your organization's bank account maintains a debit block, please provide the following information to your Treasurer/Controller prior to initiating the payment to avoid a rejected payment and \$20.00 returned payment fee.

ACH Company ID	ACH Company Name
911925808M	<b>ACH Withdrawal Maine Treasurer</b>

• Checks should be made payable to: Treasurer, State of Maine

## Checks and Remittance forms should be mailed to:

Childhood Lead Poisoning Prevention Unit Attn: Rebekah Church 286 Water Street, 9th Floor, 11 State House Station Augusta, Maine 04333-0011

For questions regarding payment, please contact Rebekah Church at (207) 287-7478.