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

Semi-Monthly Excise Tax Form (Over 50)

Please avoid using your browser's Back Button and keyboard's Enter Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly.

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