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 typically due no later than April 1 for paint sales in the preceding calendar year. The due date for payment for this form and associated payment on 2024 paint sales has been extended to April 15, 2025.

A. Identification of Manufacturer, Brand Name or Private Label Owner, or Importer (please print or type)		
Name and Title of Responsible Official **	Company Name	
A 11		
Address	Telephone and Email	
	_	
	Send future Lead Poisoning Preven	tion 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 - <u>https://gateway.maine.gov/Treasury/PayMaineEntry</u>		
Check mailed to Maine CDC. Please make the check payable to: <i>Treasurer, State of Maine</i> . Mail required fee to:		
Childhood Lead Poisoning Prevention Program Attn: Katherine Medina		
286 Water Street, 1 st Floor; 11 State House Station		
Augusta, Maine 04333-0011		Deter
D. Signature and Title of Responsible Official:		Date:
I contific up don moments, of low that this do opposite upon momenta up don may	direction on sumarisian in accordance with a	avatam decianed to accure
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 true, accurate, and complete.	on, the information submitted is, to the best of	my knowledge and belief,
E. Confidential Information Designation		
Please check here if you wish to designate the information described in the rules. 10-144 C.M.R. Chapter 293, 2 (F)		uant to the terms
Plagsa raturn this form to: Childhood Load Poisoning Preva	ntion Program Attn: Kathering Meding	986 Water St. 1 st Floor
Please return this form to: Childhood Lead Poisoning Prevention Program, Attn: Katherine Medina, 286 Water St, 1 st Floor; 11 State House Station, Augusta, ME 04333-0011		
If you have any questions regarding this form or the reconstruct Erin Guay by phone at 207-215-6934 or by email at erin.		evention Fee, please
* Under the terms of these regulations, "Paint" includes architectural coating coatings, and also includes paint sold to the State of Maine and local munic		

rules, please see 10-144 C.M.R. Chapter 293, I (I).

** 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, 1 (K).*

Lead Poisoning Prevention Fee: Payment/Remittance Options

There are two options for paying your fee: ACH-Debit or check. Please note: If you choose to pay via ACH-Debit, you must also send your remittance form by mail using the address below, or by email to Katherine.Medina@maine.gov



- To submit your payment via ACH-Debit, visit PayMaine at: <u>https://gateway.maine.gov/Treasury/PayMaineEntry</u>
 - 1. **Select Department** Select agency "Maine CDC" and Payment method ACH-Debit.
 - 2. Select Products Select "Lead Poisoning Prev Fund," enter the dollar amount, and add the business FEIN in the reference field.
 - 3. **Customer Information** Please complete all applicable fields, especially Company Name.
 - 4. **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	ACH Withdrawal Maine Treasurer	

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

Checks and Remittance forms should be mailed to: Childhood Lead Poisoning Prevention Program Attn: Katherine Medina 286 Water Street, 1st Floor, 11 State House Station Augusta, Maine 04333-0011

For questions regarding payment, please contact Katherine Medina at (207) 287-7477.