



Use this form to report any transactions for the quarter:  
 \_\_\_\_\_ through \_\_\_\_\_

File on or before the 20<sup>th</sup> day of the month following the end of the quarter.

**Quarterly Return for Special Assessments on  
 Hazardous Waste Generated in New York State**

<b>Print or type</b>	Environmental protection agency (EPA) number	Employer identification number (EIN) or social security number (SSN)	
	Legal name		
	Street address		
	City	State	ZIP code

**Change of business information? See *Business information* in Form TP-550-I.**

Read Form TP-550-I, *Instructions for Form TP-550*, before making entries below.

**Computation of net tons subject to assessment for the quarter**

- 1 Tons of hazardous waste generated in New York State that were treated or disposed of on-site during the reporting quarter, or were removed from or designated for removal from the site of generation during the reporting quarter for treatment, disposal, or storage prior to such treatment or disposal..... **1** \_\_\_\_\_ .
- 2 Tons of hazardous waste reported on line 1 that were treated or disposed of on-site, except by incineration or landfill disposal ..... **2** \_\_\_\_\_ .
- 3 Tons of hazardous waste reported on line 1 that were generated under an order of, or agreement or contract with, the New York State Department of Environmental Conservation..... **3** \_\_\_\_\_ .
- 4 Tons of hazardous waste recovered from a materials recovery process ..... **4** \_\_\_\_\_ .
- 5 Tons of hazardous waste not subject to assessments (*add lines 2, 3, and 4*) ..... **5** \_\_\_\_\_ .
- 6 Total tons of hazardous waste subject to assessments (*subtract line 5 from line 1*) ..... **6** \_\_\_\_\_ .

**Computation of special assessments on hazardous waste for the quarter**

	Tons (to nearest 1/10 ton)	× Rate =	Assessment
7 Tons of hazardous waste disposed of in a landfill on the site of generation....	<b>7</b> _____ . <input type="checkbox"/>	× \$ 27 =	_____
8 Tons of hazardous waste designated for removal or removed from the site of generation for disposal in a landfill or storage prior to disposal in a landfill .....	<b>8</b> _____ . <input type="checkbox"/>	× \$ 27 =	_____
9 Tons of hazardous waste designated for removal or removed from the site of generation for treatment or disposal (except by landfill or incineration), or storage prior to such treatment or disposal .....	<b>9</b> _____ . <input type="checkbox"/>	× \$ 16 =	_____
10 Tons of hazardous waste designated for removal or removed from the site of generation for incineration or storage prior to incineration .....	<b>10</b> _____ . <input type="checkbox"/>	× \$ 9 =	_____
11 Tons of hazardous waste incinerated on site of generation .....	<b>11</b> _____ . <input type="checkbox"/>	× \$ 2 =	_____
12 Total tons of hazardous waste subject to assessments ( <i>add Tons column, lines 7 through 11</i> ) .....	<b>12</b> _____ . <input type="checkbox"/>		
13 Total assessments for current quarter ( <i>add Assessment column, lines 7 through 11</i> ). <b>If the amount reported on line 13 is \$27 or less, stop; you do not have to file this return or pay the assessments</b> .....	<b>13</b>		_____
14 Interest due for late payment ( <i>see instructions</i> ) .....	<b>14</b>		_____
15 Additional charges for late filing and/or late payment ( <i>see instructions</i> ) .....	<b>15</b>		_____
16 Total due ( <i>add lines 13, 14, and 15</i> ) .....	<b>16</b>		_____
17 Total remittance: Make check or money order payable to the <b>Commissioner of Taxation and Finance</b> .....	<b>17</b>		_____

I hereby certify that to the best of my knowledge and belief, this is a true and complete return.

<b>Authorized person</b>	Signature of authorized person		Official title	Date
	<b>Paid preparer use only</b> (see instr.)		Firm's name (or yours if self-employed)	Firm's EIN
	Signature of individual preparing this return	Address	City	State
	E-mail address of individual preparing this return	Preparer's NYTPRIN	Date	

## Mailing instructions

1. Keep a completed copy of Form TP-550 for your records.
2. Attach a check or money order payable in U.S. funds to: **Commissioner of Taxation and Finance.**
3. Write your identification number, **Form TP-550**, and the quarter covered by this return in the memo area of your check or money order.
4. Mail this return along with your check or money order to:  
**NYS TAX DEPARTMENT  
MISC TAX RETURNS PROCESSING  
W A HARRIMAN CAMPUS  
ALBANY NY 12227-0863**

If you choose to use a private delivery service instead of the U.S. Postal Service, see Publication 55, *Designated Private Delivery Services*.

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