

ANNUAL COMMERCIAL WASTE PROGRAM FRANCHISE FEE SUMMARY REPORT

YEAR: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Did your franchise complete commercial waste services within the City of Cincinnati this year?

Yes No

If yes, please calculate and provide the total revenues and fees for all applicable quarters over the past **year**:

1. Total Gross Revenue This Year ⁱ		\$ _____
2. Recycling Services Gross Revenue ⁱⁱ		\$ _____
3. Commercial Waste Services Gross Revenue	<i>Must equal Line 1 minus Line 2</i>	\$ _____
4. Bad Debts Written Off This Year ⁱⁱⁱ		\$ _____
5. Adjusted Landfilled Gross Revenue	<i>Must equal Line 3 minus Line 4</i>	\$ _____
6. 20% of Adjusted Landfilled Gross Revenue	<i>Must equal Line 5 x 0.2</i>	\$ _____
Franchise Fee Remitted This Year^{iv}	<i>Must equal Line 6</i>	\$ _____

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct, and complete.

Signed: _____

Printed Name: _____

Date: _____

File this form with **OES, 801 Plum St, Room 130, Cincinnati, OH 45202**

Questions? Contact Howard.Miller@Cincinnati-oh.gov or Jennifer.Ballard@Cincinnati-oh.gov.

ⁱ *Total Gross Revenue*: Total invoiced amount to customers for commercial waste services and recycling services performed in the city for the year. This includes any and all passed-through franchise fees for commercial waste services.

ⁱⁱ *Recycling Services Gross Revenue*: Recycling services are exempt from the franchise fee but gross revenue must be reported.

ⁱⁱⁱ *Bad Debts Written Off*: In accordance with Generally Accepted Accounting Principles (GAAP) issued by the Financial Accounting Standards Board (FASB).

^{iv} *Franchise Fee*: Refer to Cincinnati Municipal Code (CMC) 730 for details on the franchise fee and penalties for not filing on time.