

## Certifying the Tier II Report

1. After reviewing the information supplied in Steps 1-3, you are now ready to submit the Tier II Report. To begin the submission process, click the [**CLICK HERE TO START/CHANGE YOUR TIER II SUBMISSION FOR THIS YEAR**] button.

**Step 4: Submit Tier II Report**

You have not made any submissions for the Report Year (2013).

[CLICK HERE TO START/CHANGE YOUR TIER II SUBMISSION FOR THIS YEAR](#) 

**Notes**

**Tier II Submission Instructions**

You have elected to submit the final report.

Once you start this submission process, you will NOT be able to edit this report.

Start the Tier II Submission process only if you have updated all other information in your report.

- Have you updated your facility contact information?
- Have you updated your chemical inventory?
- Have you uploaded all the attachments you want to submit?

Make all data updates from the Facility Home page, and then start the report submission process.

[Facility Home Page](#)   [Continue with Tier II Submission](#)

Select the class of Tier II SUBMISSION for WEM 1 (ID: 200481)

**Annual Submission**

**Revision Submission**

You cannot start a Revision Submission for a year that does not have a completed Annual Submission.

Cancel

Start

[Facility Home Page](#)

REQUIREMENTS for Tier II SUBMISSION for WEM 1 (ID: 200481)

[Complete the Fee Exemption Questionnaire](#)

[Add a Chemical to Start Tier II Submission](#)

[Facility Home Page](#)

### Exemption on Fees Questionnaire

This facility does not have exemption information entered for the year 2013. Please complete each question and click submit.

**1. Please indicate the number of FTE employees**

123

(All persons employed by this owner in the State of Wisconsin must be included in this calculation, not just those employed at this facility or working with chemicals.)

If the operator of this facility has less than 10 full-time equivalent (FTE) employees (20,080 hours) in the State of Wisconsin, it is exempt from fees.

**2. Is this a Federal or federally recognized Tribal facility?**

Yes  No

Fees are not assessed to Federal or federally recognized tribal facilities.

Submit

Cancel

[Facility Home Page](#)

### REQUIREMENTS for Tier II SUBMISSION for WEM 1 (ID: 200481)

PLEASE READ: When you proceed to the next step, a Fee Summary will be created based on your responses for chemical submission and fee exemption. You cannot modify your submission after this point. To continue, click the link below. Otherwise, return to the Submission Listing page to make more changes.

You have marked your facility's reporting fee status as Not Exempt. [Change.](#)

All requirements for Tier II Submission to begin have been met. [Proceed with Submission.](#)

[Facility Home Page](#)

### View Fee Summary

The Invoice Amount is calculated based on your report submission. Payment of the complete Invoice Amount is required for your Tier II Submission to be considered complete. Click "Pay Now" to make a payment.

[Facility Home Page](#)

WEM 1 (ID: 200481)  
2400 WRIGHT STREET  
MADISON, WI 53703  
Fee Type : **I-Inventory**

Report Year: 2013

|                                                                |        |
|----------------------------------------------------------------|--------|
| Number of Chargeable Chemicals                                 | 1      |
| Cumulative Pounds Chargeable Chemicals                         | 121212 |
| Reporting Fee Total Amount Due if received after March 1, 2014 | 294.00 |

A convenience fee will be assessed for credit/card or debit card transactions.

[Proceed to Payment Options](#)

[Facility Home Page](#)

### Make a payment

**Invoice Amount**      \$294.00  
**Total**                 \$294.00

#### Select Payment Method

- Check  
 Online Payment (Credit/Debit Card or E-Check)

A convenience fee will be assessed for credit/card or debit card transactions.

### View Fee Summary

The Invoice Amount is calculated based on your report submission. Payment of the complete Invoice Amount is required for your Tier II Submission to be considered complete.

[Facility Home Page](#)

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[Facility Home Page](#)

## Make a Payment

### My Payment

#### EPCRA - Inventory Fee for Chemicals on-site

**Amount Due** \$294.00  
**WEM Facility ID** 200481  
**WEM Invoice No.** 184761  
**WEM Report Year** 2013  
**WEM Report Type** Tier II  
**Online Transaction ID** 1401

### Payment Information

**Frequency** One Time  
**Payment Amount** \$294.00  
**Payment Date** Pay now

### Contact Information

**First Name**   
**Last Name**   
**Company**  (Optional)  
**Address 1**   
**Address 2**  (Optional)  
**City**   
**State**    
**Zip Code**  (Optional)  
**Phone Number**   
**Email Address**

[Become a Registered User](#) 

### Payment Method

**Payment Method**  

A convenience fee will be charged for a credit/debit card transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Cancel](#)

Payment Method

Payment Method **Checking or Savings** ▼

Sample Check 1215  
123 Main St. Anytown, MO 12345  
PAY TO THE ORDER OF \$ \_\_\_\_\_ DOLLARS  
MEMO \_\_\_\_\_  
1234567890 038 11111111 001215  
Bank Routing Number Bank Account Number Check Number (not required)

Personal Check | [Business Check](#)

**Bank Routing Number**

**Bank Account Number**

**Bank Account Type**  Checking  Savings  
 This is a business account

A convenience fee will be charged for a credit/debit card transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

Payment Method

Payment Method **Credit/Debit Card** ▼

**Card Number**

**Expiration Date** Month ▼ Year ▼

**Card Security Code**

**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for a credit/debit card transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

TIER II SUBMISSION for WEM 1 (ID: 200481)

I certify under penalty of law that I have personally examined and am familiar with the information submitted and, to the best of my knowledge, I believe that the submitted information is true, accurate, and complete.

I understand that I am officially submitting this Report and associated information to authorities. I also understand that once this submission is completed I cannot edit the information and it will become an official archive for authorities.

[Please Preview the Tier II Report before Submission](#)

Name of Owner/Operator or Authorized Representative:

JOHN SMITH

Official Title:

PROGRAM MANAGER

Telephone Number:

608-123-4567

x

Date:

7/28/2014

Reset Form

Submit

Exit Without Save

## Tier II Submission

Thank you for submitting the online report. However, you will need to complete some additional steps for your submission to be considered complete.

**Your submission is not complete until your payment is received.**

**If you have added or made changes to a previous year, please make sure that you update the information in the current year to help Emergency Responders access the most accurate inventory information. View the most current year information from the Submission Listing page.**

For questions, please reference the Help Guide for the appropriate contact.

**Select an option below to proceed.**

[View/Print Consolidated Invoice Statement](#)

[View/Print Invoice](#)

[View/Print Report](#)

[Return to Submission Listing Page.](#)