

TR – xxxx

**TRANSACTION REPORT (TR)\*  
FOR DOMESTIC AND IMPORTED HONEY/HONEY PRODUCTS**

HONEY RESEARCH, PROMOTION AND CONSUMER INFORMATION ORDER  
**THIS INFORMATION IS REQUIRED BY LAW**  
ALL INFORMATION PROVIDED IS HELD STRICTLY CONFIDENTIAL

**A. GENERAL INFORMATION**

**THIS TRANSACTION REPORT IS FOR** (check only one):

- [ ] Domestic honey acquired during period                      [ ] Imported honey acquired during period  
[ ] Handler's own honey processed during period              [ ] Adjustment to previous TR number \_\_\_\_\_

Month/Period covered by this report \_\_\_\_\_

Crop Year of Honey (if domestic) \_\_\_\_\_ Country of Origin (if imported) \_\_\_\_\_

\*Please refer to the TRANSACTION REPORT INSTRUCTIONS for completion guidelines (furnished by the National Honey Board-call us for your copy).

**B. HANDLER INFORMATION**

First Handler Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID# or Employer # \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Web site \_\_\_\_\_

**C. PRODUCER/IMPORTER INFORMATION**

(If different than handler)

Producer/Importer Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID# or Employer # \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Web site \_\_\_\_\_

**D. TRANSACTION INFORMATION**

- |   |   |
|---|---|
| 1. <b>Date</b> of this transaction (not report date) ____/____/____ | 4. Amount collected by the Farm<br>Service Agency or U.S. Customs            \$ _____ |
| 2. <b>Pounds</b> in this transaction _____                          | 5. <b>Assessment due</b> (subtract 4 from 3)    \$ _____                              |
| 3. <b>Assessment</b> amount (pounds x .01)    \$ _____              |   |

**E. CERTIFICATION AND SIGNATURE**

If assessment is not remitted with this report and it is later determined that the assessment in whole or part was not previously collected, I understand that my obligation to collect and remit the assessment for this transaction to the NHB has not been relieved. I also certify, under the penalties provided by law, that this report is a true, correct, and complete report, and that I am authorized to sign this report.

Signature (First Handler) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Send Transaction Report (white copy only) and assessment to the National Honey Board, 11409 Business Park Circle, Suite 210, Firestone, Colorado, 80504, Call (800) 553-7162 or e-mail to: [reporting@nhb.org](mailto:reporting@nhb.org) with questions.

**SEE IMPORTANT NOTES ON BACK OF THIS FORM**

## IMPORTANT NOTES

- Note 1: The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 of the United States Code which provides for the penalty of a fine of \$10,000 or imprisonment of not more than five years, or both.
- Note 2: Questions regarding the use of this form or how to fill it out may be answered by referring to the "Transaction Report Instructions," available by telephoning the National Honey Board at (xxx) xxx-xxxx or by writing to the National Honey Board, Address, City, State, Zip.
- Note 3: The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on the form is the Honey Research, Promotion, and Consumer Information Act (7 U.S.C. 4601-4613). Furnishing the requested information is necessary for the administration of this program. Submission of the Tax Identification Number (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identity.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.