

# American Egg Board

OMB No. 0581-0093  
 EGG RESEARCH AND PROMOTION ORDER  
 COLLECTING HANDLER REPORT

NOTE: PLEASE COMPLETE AND RETURN THIS REPORT #  
 ACCOUNTING PERIOD BEGINNING

WITHIN 15 DAYS OF THE END OF THE  
 AND ENDING TO:

AMERICAN EGG BOARD

I.D. NUMBER

CASES HANDLED  
 THIS REPORTING  
 PERIOD

(1) TOTAL FROM  
 ALL SOURCES

(1)

(2) LESS NONASSESSABLE CASES HANDLED AS FOLLOWS:

<b>A</b> HATCHERY FLOCK	<b>B</b> FLOCKS _____ OR LESS	<b>C</b> IMPORTED	<b>D</b> PREVIOUSLY ASSESSED
	+		+

(2) **TOTAL A + B + C + D**

(3) **LINE (1-2)**

(3) TOTAL CASES SUBJECT TO ASSESSMENT—MUST EQUAL LINE (5) BELOW

**NOTE: PRODUCTION ELIGIBLE FOR EXEMPTION  
 MUST HAVE EXEMPTION CERTIFICATES ON FILE  
 WITH AEB OR THE HANDLER MUST ASSESS IT.**

**TOTAL ASSESSMENT DUE**  
 LINE (3) X

(4)

PRODUCERS' NAMES, ADDRESSES AND NUMBERS FROM WHOM ASSESSABLE EGGS WERE PURCHASED LIST ANY CHANGES OR ADDITIONS BELOW OR ON REVERSE SIDE	NUMBER OF ASSESSABLE CASES

TOTAL CASES SUBJECT TO ASSESSMENT AS LISTED BY PRODUCER ABOVE → (5)  
 THIS TOTAL MUST EQUAL LINE (3)

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS TRUE AND COMPLETE.  
 I UNDERSTAND THAT RECORDS FROM WHICH THIS REPORT WAS COMPILED ARE SUBJECT TO AUDIT.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

**AEB COPY**

## INSTRUCTIONS FOR COMPLETING COLLECTION HANDLER REPORT

**NOTE: THIS TWO-PART FORM NEEDS NO CARBON PAPER. COMPLETING IT WITH A BALL POINT PEN OR TYPEWRITER WILL AUTOMATICALLY FILL IN YOUR COPY (SECOND PART). AFTER COMPLETION, PULL SHEETS APART AND MAIL TOP COPY TO AEB.**

1. Fill in the ending date of the accounting period covered by this report. To assist you in filing consistent reports, the beginning date is supplied based on the type accounting period you chose and should coincide with the beginning of your respective accounting period. If changes are necessary, please let us know. All reports are required to be returned, even if you did not handle any eggs during this period.
2. Verify name, address and zip code. Make any changes necessary. Contact AEB if ownership has changed.
3. Section (1): Fill in total number of cases handled this period from all sources. "Handle" means to grade, carton, process, transport, purchase, or in any way place eggs or cause eggs to be placed in the current of commerce. (Includes eggs of your own production.) (Section 1250.500(h), Rules and Regulations.)
4. Section (2): Fill in number of non-assessable cases handled. Enter by category A, B, C, or D in the boxes provided. Enter the total of categories A, B, C, and D in Box (2).

\* Non-assessable categories are:

- A. Hatchery Flocks – Eggs from flocks utilized primarily for the hatching of baby chicks. See restriction.----- →
- B. Flocks \_\_\_\_\_ or less – Eggs from producers who have owned, in total, less than \_\_\_\_\_ birds for a 3-consecutive-month period immediately prior to the month in which assessments are due and payable. See restriction.----- →
- C. Imported – Eggs imported from outside U.S. borders (such as Canadian Eggs).
- D. Previously Assessed – Eggs purchased from another handler who has provided a statement with each load indicating the eggs have been assessed under his handler number.

**IMPORTANT:**

Category A or B type eggs should be assessed in the producer does not have exemption certificates on file with you and AEB effective for this current calendar year.

5. Subtract Box (2) from Box (1) and indicate difference in Box (3). Box (3) must equal Box (5).
6. Multiply Box (3) times case rate printed between line 3 and line 4.
7. **VERY IMPORTANT:** List the number of assessable cases you purchased from each producer during this reporting period in the producer section. List additional producers in the spaces provided on the front or on the back of the first (AEB) copy. Address must be accurate and complete. (Section 1250.529 (a) (1) (v), Rules and Regulations.)
8. Add cases entered for each producer and indicate the total in Box (5). Box (5) should equal Box (3). If it does not, re-check calculations and make corrections so that Box (5) = Box (3). (Don't forget producers on the back form.)
9. Write check for assessment due (Box (4) and mail to AEB lock box address.

*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 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). 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.*