

NATIONAL DAIRY PROMOTION AND RESEARCH BOARD

MONTHLY REPORT AND REMITTANCE OF AMOUNT DUE FOR ALL MILK MARKETED COMMERCIALY BY PRODUCERS

(Under Dairy and Tobacco Adjustment Act of 1983)

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 30 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.

FAILURE TO REPORT OR REMIT AMOUNT DUE CAN RESULT IN A \$1,000 FINE.

ID Number
Name
Address

Report of amount due on milk marketed by producers during Month _____ Year _____

1. Milk from producers lbs.

2. Milk From own production (Exclude raw milk sold to other plants) lbs.

3. Total of lines 1 and 2 lbs.

4. Gross amount due for marketings during the month (line 3 x \$.0015)
(The rate of \$.0015 per pound is equal to 15 cents per hundredweight.)\$ _____

5. Deduct contributions – up to \$.0010 x pounds from line 3 – made to qualified State or regional dairy product promotion programs.
If you enter an amount, complete the form on the reverse side of the blue copy of this report.\$ _____

6. Net amount due for marketings during the month (line 4 minus line 5).....\$ _____

7. Add or subtract adjustments for prior months (Explain)\$ _____

8. Amount remitted with this report (line 6 plus or minus line 7)\$ _____

The report and a check payable to the National Dairy Promotion and Research Board or NDPRB in the amount shown on line 8 must be mailed by the last day of the month after the month in which the milk was marketed to:



National Dairy Promotion and Research Board
35092 Eagle Way
Chicago, IL 60678-1350

I declare under the penalties provided by law, that this report has been examined by me and to the best of my knowledge and belief is a true and complete report. I also certify that I am authorized to sign this report.

DATE	RESPONDING OFFICIAL'S NAME (Print)
TITLE (Print)	SIGNATURE

Form DA-20 (06/07)

Note: For inquiries regarding your assessment account, please telephone (847) 803-9794.

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MAIL THIS COPY WITH YOUR REMITTANCE

