

**NATIONAL PEANUT BOARD  
PEANUT PROMOTION, RESEARCH, AND INFORMATION ORDER  
(7 CFR 1216) FIRST HANDLER'S REPORT**

NAME OF HANDLER	TELEPHONE NO. (Include area code)
NAME OF BUSINESS/ COMPANY	HANDLER NO.
MAILING ADDRESS (Number, Street, City, State, ZIP Code)	

**PART A:**

**REPORT OF PEANUTS HANDLED DURING CURRENT MONTH:** \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

	LOAN ACTIVITY	MARKET ACTIVITY
TOTAL VALUE SEGMENT		
TOTAL R & P DEDUCTION		

**SUBTOTAL OF ASSESSMENTS (A) \$ \_\_\_\_\_**

**PART B: USE THIS SECTION TO SHOW ANY CHANGES FOR PREVIOUSLY REPORTED LOADS.**

DATE OF PREVIOUS REPORT: \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

	LOAN ACTIVITY	MARKET ACTIVITY
TOTAL VALUE SEGMENT		
TOTAL R & P DEDUCTION		

SUBTOTAL OF CHANGED ASSESSMENTS (B) \$(+ OR -) \_\_\_\_\_

**TOTAL OF ASSESSMENTS (A & B) \$ \_\_\_\_\_**

**PART C: ON A SEPARATE SHEET, PROVIDE THE FOLLOWING INFORMATION FOR EACH LOAD OF PEANUTS. INDICATE YOUR COMPANY NAME, BUYING POINT, AND REPORTING MONTH ON EACH PAGE.**

<u>FSA # 1007 NO.</u>	<u>FSA FARM ID</u> (ST/CT/FM/SMC)	<u>ASSESSMENT COLLECTED</u>
-----------------------	--------------------------------------	-----------------------------

*CERTIFICATION STATEMENT: I HEREBY CERTIFY that the information is true and correct to the best of my knowledge. The remittance represents 1 percent of the price paid for all peanuts handled during this reporting period on which I was required to pay the assessment. I also certify that I am authorized to sign this report. Any false statement or misrepresentation on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).*

SIGNATURE	PRINTED OR TYPED NAME
TITLE	DATE

See reverse for the Privacy Act, OMB, and nondiscrimination statements

## Instructions

First handlers are required to file this report monthly. Complete Parts A, B and C. The report and full remittance are due no later than 60 days after the last day of the month in which the peanuts were marketed. A late fee of 15 percent is assessed on payments received after the 60-day period. *A handler operating in different regions must file a separate report for each region.* All reports are held in strict confidence.

Mail report and remittance to:      National Peanut Board  
P.O. Box XXXXXX  
City, State and Zip Code

*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 0581-0189. The time required to complete this information collection is estimated to average 45 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.*