

PLEASE TYPE  
OR PRINT

## Collecting Handler Report

FOR COTTON RESEARCH AND PROMOTION ASSESSMENTS COLLECTED

FORM APPROVED OMB NO 0581-0093

RETURN TO <h3 style="text-align: center;">COTTON BOARD</h3> <p style="text-align: center;">P.O. Box 2121 Memphis, Tenn. 38101-2121</p> <p>INSTRUCTIONS: Mail Original and Duplicate Copy of Report to Cotton Board together with full remittance. Prepare Separate Report for each <u>Gin</u> and each <u>Crop Year</u> To Be Mailed within 10 days after End of each Month During which Cotton was Handled.</p> <p style="text-align: center;"><b>BALES LISTED WERE GINNED AT:</b></p>		COLLECTING HANDLER NUMBER (If not known - Cotton Board will furnish)	
NAME AND ADDRESS OF GIN		FIRM NAME & MAILING ADDRESS Street & Number (or PO Box) CITY, STATE & ZIP CODE	
GIN NUMBER      COUNTY      STATE		MONTH COVERED BY THIS REPORT	CROP YEAR COTTON WAS PRODUCED
		DATE OF LAST REPORT	

NAME OF PRODUCER FROM WHOM ASSESSMENTS WERE COLLECTED	DATE COLLECTED	MAILING ADDRESS OF PRODUCER FROM WHOM ASSESSMENTS WERE COLLECTED	NUMBER OF BALES	TOTAL ASSESSMENTS COLLECTED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

FORM CB-1 7/85  <h3 style="text-align: center;">IMPORTANT</h3> <p style="text-align: center;">IF COLLECTING HANDLER REPORT COVERS MORE THAN ONE GIN - ALSO USE RECAP REPORT</p>	<table style="width: 100%;"> <tr> <td style="width: 80%;">Total Bales This Gin</td> <td style="width: 20%; text-align: center;">B/C</td> </tr> <tr> <td>Total Assessment This Gin</td> <td style="text-align: center;">\$</td> </tr> </table>	Total Bales This Gin	B/C	Total Assessment This Gin	\$
Total Bales This Gin	B/C				
Total Assessment This Gin	\$				

**CERTIFICATION:** I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents the total required assessments per bale on all cotton handled during the reporting period on which I was required to collect the assessments.

(DATE)

This report is required by law (7 USC 2101)

(Sign Top Copy Only)

ORIGINAL - WHITE - RETURN TO COTTON BOARD  
 DUPLICATE - PINK - RETURN TO COTTON BOARD  
 TRIPPLICATE - CANARY - RETAIN FOR FILES

Failure to report can result in a penalty of not more than \$1,000 for each such offense which shall accrue to the United States and may be recovered in a civil suit brought by the United States

Area Code - Phone Number

#### **For Collecting Handler Report**

*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.*

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