

**Instructions to Complete  
Packer Inquiry  
Form P&SP-1400**

You, as an individual, corporation, or association that engages in business as a packer, must provide the information required by form P&SP-1400.

Penalties for willfully making, or causing to be made, any false entry or statement of fact in any report required to be made under the P&S Act include a fine between \$1,000 to \$5,000 or imprisonment. (7 U.S.C. 222 (Section 402 of the P&S Act))

Mail the completed form to the appropriate regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below the regional office's address.

| <b>Regional Offices of the Packers and Stockyards Program<br/>Grain Inspection, Packers and Stockyards Administration</b>  |  |  |
|--|--|--|
| <b>Eastern Regional Office</b><br>Suite 230<br>75 Spring Street<br>Atlanta, GA 30303-3308<br>Telephone: (404) 562-5840<br>FAX: (404) 562-5848<br>E-mail:<br><a href="mailto:PSPAtlantaGA.GIPSA@usda.gov">PSPAtlantaGA.GIPSA@usda.gov</a> | <b>Western Regional Office</b><br>3950 Lewiston St., Suite 200<br>Aurora, CO 80011-1556<br>Telephone: (303) 375-4240<br>FAX: (303) 371-4609<br>E-mail:<br><a href="mailto:PSPDenverCO.GIPSA@usda.gov">PSPDenverCO.GIPSA@usda.gov</a> | <b>Midwestern Regional Office</b><br>Room 317<br>210 Walnut Street<br>Des Moines, IA 50309-2110<br>Telephone: (515) 323-2579<br>FAX: (515) 323-2590<br>E-mail:<br><a href="mailto:PSPDesMoinesIA.GIPSA@usda.gov">PSPDesMoinesIA.GIPSA@usda.gov</a> |
| <b>States Covered</b>  | <b>States Covered</b>  | <b>States Covered</b>  |
| AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV   | AK, AZ, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, TX, UT, WA, WY   | IA, IL, IN, KY, OH, MI, MO, MN, ND, NE, SD, WI   |

Additional copies of the report may be obtained from the regional office covering your state. All inquiries concerning any section or part of a section contained in the report can also be addressed to that regional office.

| Line No.                               | Subject                 | Instructions  |
|--|-------------------------|---|
| 1                                      | Report for Year End     | If the firm operates on a calendar year, enter the ending year for the report.  |
| 2                                      | Fiscal Year End         | If the firm operates on a fiscal year, enter the start and end dates for the fiscal year.   |
| <b>Section 1 – General Information</b> |                         |   |
| 3                                      | Firm's Name and Address | Enter the name of the firm, the mailing address (street, city, state, and 9 digit zip code), and the physical location of the firm. |
| 4                                      | E-Mail Address          | If applicable, enter your firm's e-mail address.  |
| 5                                      | Telephone Number        | Enter the area code and telephone number where you may be reached during the hours of 8:00 a.m. and 5:00 p.m. local time.           |
| 6                                      | Fax Number              | Enter the area code and fax number where you may be reached during the hours of 8:00 a.m. and 5:00 p.m. local time.                 |
| 7                                      | Type of Organization    | Check the appropriate box to indicate the type of organization as it applies to the business's operation.                           |
| 8                                      | State Organized         | Enter the state where the organization was formed.  |
| 9                                      | Date Organized          | Enter the date when the organization was formed.  |
| 10                                     | Change in Organization  | Check the appropriate box to indicate, if any change in organization has occurred during the reporting year.                        |
| 11                                     | Change took place       | If you checked yes in line 10, enter the details on line 11.  |

| <b>Line No.</b>                                     | <b>Subject</b>                            | <b>Instructions</b>   |
|---|---|---|
| 12  | Owners, Partners, Officers, and Directors | For each owner and every partner, enter their name, title, respective percentage of ownership, and their personal mailing address (street, city, state, and 9 digit zip code). Provide this information for every individual with any ownership interest in the applicant's operation.<br><br>For every officer and each director, enter their name, title, and their personal mailing address (street, city, state, and 9 digit zip code). |
| <b>Section 2 – Cost of Livestock Purchased</b>      |   |   |
| 13  | Livestock Purchased                       | Enter the total cost of livestock purchases for your account during the reporting period.   |
| <b>Section 3 – Purchases and Sales</b>              |   |   |
| 14 a  | Livestock for Slaughter                   | Check the appropriate box to indicate if the firm purchases livestock, for slaughter, at terminal stockyards or at auction markets.   |
| 14 b  | Livestock for Slaughter                   | Check the appropriate box to indicate if the firm purchases livestock, for slaughter, from outside the State in which it is slaughtered.  |
| 15 a  | Meat or Meat Food Products                | Check the appropriate box to indicate if your firm manufactures or prepares meat or meat food products for sale or shipment and if the firm sold or shipped meat or meat food products outside the State where such meat or meat food products are manufactured or prepared by it.  |
| 15 b  | Meat or Meat Food Products                | Check the appropriate box to indicate if your firm manufactures or prepares meat or meat food products for sale or shipment and if the firm sold or shipped any meat or meat food products manufactured or prepared by it to U.S. Government agencies (for example, military installations, hospitals).   |
| 16  | Marketing of Meats                        | Check the appropriate box to indicate if the firm operates as a wholesale broker, dealer, or distributor in commerce.   |
| <b>Section 4 – Livestock Slaughtered</b>            |   |   |
| 17  | Slaughtered on Firm's Account             | Enter the number of head of livestock that was slaughtered by the firm for its own account by each category of livestock.   |
| 18  | Slaughtered For Others                    | Enter the number of head of livestock that was slaughtered by the firm for the accounts of others by each category of livestock.  |
| 19  | Slaughtered by Others For the Firm        | Enter the number of head of livestock that was slaughtered by others for the firm's account by each category of livestock.  |
| <b>Section 5 – Meat and Meat Food Products Sold</b> |   |   |
| 20  | Meat and Meat Food Products Handled       | Enter the total sales value of all meat and meat food products handled by the firm.   |
| <b>Section 6 – Remarks</b>                          |   |   |
| 21  | Remarks                                   | Use line 21 for additional information or explanation, making reference to the line number. Continue on next sheet of form if necessary.  |
| 22  | Signature                                 | An owner, partner, or responsible officer must sign the form.   |
| 23  | Date                                      | Enter the date the form was signed.   |
| 24  | Title                                     | Enter the title of the person signing the form.   |
| 25  | Telephone Number                          | Enter the telephone number of the owner, partner, or responsible officer that signed the report.  |