

2012 CONTRACTOR EXPENSE SURVEY – Turkeys

OMB No. 0535-0218
 Approval Expires: 12/31/20##
 Project Code: 904 QID: 113311
 SMetaKey: ####



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We are collecting information on costs and returns and need your help to make the information as accurate as possible. Authority for collection of information on the Costs and Returns Report is Title 7, Section 2204 of the U.S. Code. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response is **voluntary**. You may skip any question(s) you prefer not to answer.

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 0535-0218. 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.

1. During 2012, were you a production contractor where you paid a fee to someone else to raise turkeys that **you owned**?
 A production contract is a verbal or written agreement setting terms, conditions, and fees to be paid by the contractor to the operation for the production of crops, livestock, or poultry.

Yes - Continue

No - Record name and telephone number on back page

2. For 2012, please report the average cost of inputs provided to contract growers per head/dozen.

Inputs	Breeder	Brooder	Grow Out	All In / All Out	Hatching Eggs ^{1/}
a. Total Head/Dozen Under Contract.	hd	hd	hd	hd	dz
b. Total Number of Contractees.	#	#	#	#	#
c. Total Cost per Head/Dozen.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
Of the total cost per head/dozen, how much was for--					
(i) fee paid to contractee?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(ii) marketing charges?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(iii) disinfectants & insecticides?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(iv) poults placed on the operation?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(v) feed?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(vi) litter?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(vii) medication, vaccination, debeaking, veterinary & custom services?.	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____

^{1/} Please report total dozen under contract (*item a*) and total cost per dozen (*item c*) for hatching egg operations.

Please continue on back

Inputs	Breeder	Brooder	Grow Out	All In / All Out	Hatching Eggs
(viii) fuel?					
(1) Diesel Fuel.	\$.___	\$.___	\$.___	\$.___	\$.___
(2) Gasoline.	\$.___	\$.___	\$.___	\$.___	\$.___
(3) Natural Gas.	\$.___	\$.___	\$.___	\$.___	\$.___
(4) LP Gas.	\$.___	\$.___	\$.___	\$.___	\$.___
(5) Other (Specify: _____) ..	\$.___	\$.___	\$.___	\$.___	\$.___
(ix) utilities?					
(1) Electricity.	\$.___	\$.___	\$.___	\$.___	\$.___
(2) Water / Other.	\$.___	\$.___	\$.___	\$.___	\$.___
(x) supplies?.	\$.___	\$.___	\$.___	\$.___	\$.___
(xi) taxes?.	\$.___	\$.___	\$.___	\$.___	\$.___
(xii) hauling?.	\$.___	\$.___	\$.___	\$.___	\$.___
(xiii) other expenses? <i>(Include admin. cost, depreciation, technical services & other.)</i> (Specify: _____) ..	\$.___	\$.___	\$.___	\$.___	\$.___

9911

Reported by: _____ Telephone (_____) _____

Response		Respondent		Mode		Enum	Eval	Rep. Unit	Duplication Adjustor	Date MM DD YY	Optional
1-Comp	9901	1-Op/Mgr	9902	2-Tel	9903	0098	0100	0921	0922	9910	0003
2-R		2-Sp		3-Face-to -Face						___ 12	
3-Inac		3-Acct/Bkpr								Office Use for POID	
		4-Partner								0789	
		9-Other									
S/E Name _____											