

Business Entity ID Number	for P&SP Stamp Only	P&SP Bar Code Only
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U.S. Department of Agriculture
Grain Inspection,
Packers and Stockyards
Administration

PACKER INQUIRY

Indicate your preference to submit forms electronically, or by paper copy	
Electronic Filing	<input type="checkbox"/>
Manual Filing	<input type="checkbox"/>

Packers and
Stockyards
Program

Instructions: If an item's value is zero, enter "0". If an item does not apply, enter "NA". Upon completion please verify that all items have been answered. Return completed form to the P&SP Central Reporting Unit. See separate instructions for complete information about this report.

GENERAL INFORMATION - SECTION 1

101	Reporting Period (mm/dd/yy)	a. from	b. to
102	Legal Business Name		
103	Business Name (dba)		
104	Mailing Address		
105	City, State, Zip		
106	Physical Address		
107	City, State, Zip		
108	Contact Name		
109	Telephone Number	110	Fax Number
111	E-Mail Address	112	Web Address

ORGANIZATIONAL STRUCTURE - SECTION 2

List owners, officers, partners, and members in control of this business

	a. Name	b. Title	c. Percentage Ownership
201			
202			
203			
204			
205			

206	Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P. <input type="checkbox"/> Co-op <input type="checkbox"/> Association <input type="checkbox"/> Other
207	Did any change in organization take place during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No
208	If line 207 is "Yes", give details
209	List State Incorporated/Registered/Formed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 210 Date Incorporated/Registered/Formed

COST OF LIVESTOCK PURCHASED - SECTION 3

301 Total cost of all livestock purchases for your account \$ _____

JURISDICTION - SECTION 4

401 Number of days livestock was purchased during the reporting year _____

402 Total sales value of all meat and meat food products handled by the firm. \$ _____

403 Does the firm purchase livestock for slaughter at terminal stockyards or auction markets? Yes No

404 Does the firm purchase livestock for slaughter from outside the State in which slaughtered? Yes No

405 Does the firm sell or ship any meat or meat food products outside the State where such meat or meat food products are manufactured or prepared by it? Yes No

406 Does the firm sell or ship meat or meat food products manufactured or prepared by it to the U.S. Government agencies (i.e. military installations, hospitals, etc.)? Yes No

407 Does the firm operate as a wholesale broker, dealer, or distributor in commerce to market meat, meat food products, or livestock products in an unmanufactured form? Yes No

LIVESTOCK SLAUGHTERED - SECTION 5

- 501 By the firm for its own account.
- 502 By the firm for the accounts of others (i.e. Custom Killed)
- 503 By others for the firm's account. (i.e. Custom Killed for the firm at other locations).

Number of Head			
Cattle	Calves	Hogs	Sheep/Goats

Note: Under Remarks (Section 6), list name and address of each person or firm for or by whom at least 1,000 head were slaughtered and indicate whether it applies to lines 502 or 503.

REMARKS - SECTION 6

601 Use this space for additional information or explanation, making reference to item number.

CERTIFICATION - SECTION 7

Under the Packers and Stockyards Act any person who willfully makes, or causes any false entry or statement of fact in this report shall be deemed guilty of offense against the United States, and be subject to a fine of \$1,000 to \$5,000, or to imprisonment for a term of not more than 3 years, or to both fine and imprisonment.

I certify that this report has been prepared by me or under my direction, and to the best of my knowledge and belief correctly reflects reporting entity operations.

701 Print Name		702 Signature (Must be signed by a person listed on 201-205)	
703 Phone Number	704 Date	705 Title	

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 0580-0015. The time required to complete this information collection is 2 hours 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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**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.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration		
Eastern Regional Office Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: PSPAtlantaGA.GIPSA@usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: PSPDenverCO.GIPSA@usda.gov	Midwestern Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: PSPDesMoinesIA.GIPSA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NL, NH, NJ, NY, PA, PR, QC, RI, SC, TN, VA, VT, WV	AB, AK, AZ, BC, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, SK, TX, UT, WA, WY	IA, IL, IN, KY, OH, MB, MI, MO, MN, ND, NE, ON, 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
FORM HEADER		
Business Entity ID Number		The Business Entity ID should be completed using information provided by P&SP. If the information is not already completed on the for when you receive, please contact your Regional PS&P office to obtain the information
Preference for Filing		Select the method by which you prefer to receive your Annual Report; electronic or Paper Copy. If you select Electronic, you will no longer receive a letter and forms from PS&P reminding you that your annual report is due
GENERAL INFORMATION – SECTION 1		
101	Reporting Period	Report period a. from – b. to
102	Legal Business Name	Enter the legal business name of the firm.
103	Business Name (dba)	Enter the business name.
104 & 105	Mailing Address City, State, Zip	Enter complete mailing address.
106 & 107	Physical Address	Enter the complete physical address of the firm.
108	Contact Name	Enter the name of the person to contact.

Line No.	Subject	Instructions
109	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.
110	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.
111	E-Mail Address	Enter complete e-mail address.
112	Web Address	Enter complete web address.
ORGANIZATIONAL STRUCTURE – SECTION 2		
201 – 205	Owners, Officers, Partners, and Members	For each owner, officer, partner, and member enter their name, title, and respective percentage of ownership.
206	Type of Organization	Indicate if your organization is an individual, partnership, corporation, LLC, LLP, Co-op, Association or other.
207	Change in Organization	Indicate Yes or No if your organization had any change during the year.
208	Yes	If line 207 is “Yes”, give details.
209	State Incorporated, Registered, Formed	List State Incorporated/Registered/Formed.
210	Date Incorporated, Registered, Formed	List Date Incorporated/Registered/ Formed.
COST OF LIVESTOCK PURCHASED – SECTION 3		
301	Livestock Purchased	Enter the total cost of livestock purchases for your account during the reporting period.
JURISDICTION – SECTION 4		
401	Number of Days	Indicate the number of days business was conducted during the reporting year.
402	Total Sales Value	Indicate the total sales value of all meat and meat food products handled by the firm.
403	Livestock for Slaughter	Indicate YES or NO if the firm purchases livestock for slaughter at terminal stockyards or auction markets.
404	Livestock for Slaughter Outside the State	Indicate YES or NO if the firm purchases livestock for slaughter from outside the State in which it is slaughtered.
405	Selling Meat Outside the State Meat is Manufactured	Indicate YES or NO if the firm sells or ships any meat or meat food products outside the State where the meat or meat food products are manufactured.
406	Selling Meat to U.S. Government Agencies	Indicate YES or NO if the firm sells or ships meat or meat food products manufactured or prepared by it to U.S. Government agencies.
407	Wholesale Broker, Dealer, or Distributor	Indicate YES or NO if you operate as a wholesale broker, dealer, or distributor in commerce to market meat, meat food products, or livestock products in an unmanufactured form.
LIVESTOCK SLAUGHTERED – SECTION 5		
501	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.
502	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.
503	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. For each person or firm listed, please indicate if you are responding to line 502 or line 503.
REMARKS – SECTION 6		

Line No.	Subject	Instructions
601	Remarks	Use line 601 for additional information or explanation, making reference to the line number. Continue on next sheet of form if necessary.
CERTIFICATION – SECTION 7		
701	Print Name	Print name of a person listed on 201-205
702	Signature	Must be signed by a person listed on 201-205.
703	Phone Number	Enter the phone number of the person that signed the report.
704	Date	Enter the date the form was signed.
705	Title	Enter the title of the person signing the form.