

**NATIONAL DAIRY PROMOTION AND RESEARCH BOARD**

**MONTHLY REPORT AND REMITTANCE OF AMOUNT DUE FOR ALL MILK MARKETED COMMERCIALY BY PRODUCERS**

(Under Dairy and Tobacco Adjustment Act of 1983)

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.

**FAILURE TO REPORT OR REMIT AMOUNT DUE CAN RESULT IN A \$1,100 FINE.**

ID Number  
Name  
Address

Report of amount due on milk marketed by producers during Month \_\_\_\_\_ Year \_\_\_\_\_

1. Milk from producers ..... \_\_\_\_\_ lbs.

2. Milk From own production (Exclude raw milk sold to other plants) ..... \_\_\_\_\_ lbs.

3. Total of lines 1 and 2 ..... \_\_\_\_\_ lbs.

4. Gross amount due for marketings during the month (line 3 x \$.0015)  
(The rate of \$.0015 per pound is equal to 15 cents per hundredweight.) .....\$ \_\_\_\_\_

5. Deduct contributions – up to \$.0010 x pounds from line 3 – made to qualified dairy product promotion programs.  
**If you enter an amount, complete the form on the reverse side of the blue copy of this report.** .....\$ \_\_\_\_\_

6. Net amount due for marketings during the month (line 4 minus line 5).....\$ \_\_\_\_\_

7. Add or subtract adjustments for prior months (Explain) .....\$ \_\_\_\_\_

8. Amount remitted with this report (line 6 plus or minus line 7) .....\$ \_\_\_\_\_

The report and a check payable to the National Dairy Promotion and Research Board or NDPRB in the amount shown on line 8 must be mailed by the last day of the month after the month in which the milk was marketed to:



National Dairy Promotion and Research Board  
35092 Eagle Way  
Chicago, IL 60678-1350

*I declare under the penalties provided by law, that this report has been examined by me and to the best of my knowledge and belief is a true and complete report. I also certify that I am authorized to sign this report.*

DATE	RESPONDING OFFICIAL'S NAME (Print)
TITLE (Print)	SIGNATURE

Form DA-20 (06/07) Note: For inquiries regarding your assessment account, please telephone (847) 803-9794.

*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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.*

**MAIL THIS COPY WITH YOUR REMITTANCE**

### Part A - Qualified Promotion Program Deduction

In the space below<sup>1</sup>, record the name of each qualified dairy product promotion program to which you made contributions and the amount paid to each such organization for the month that this report represents. **DO NOT LIST AMOUNTS PAID TO THE NDPRB.**

<u>Name Of Qualified Promotion Program</u>	<u>Amount Contributed</u>	<u>Program Code (For NDPRB Use Only)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>Total</b>	\$ _____	_____

### Part B - Exempt Organic Milk Deduction

In the space below<sup>2</sup>, record the name of the producer, the payroll number, the pounds of exempt organic milk, the rate of the exemption (minimum rate is \$0.0005 per pound) and the value of the exemption.

<u>Name of Producer</u>	<u>Payroll Number</u>	<u>Pounds of Exempt Milk</u>	<u>Exemption Rate (Per cwt.)</u>	<u>Value</u>	<u>For NDPRB Use Only</u>
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
<b>Total</b>	_____	_____	_____	\$ _____	_____

<sup>1</sup> You may attach a separate listing or computer printout showing Part A information if you prefer.

<sup>2</sup> You may attach a separate listing or computer printout showing Part B information if you prefer.