

ALTERNATIVE FORM: To be used by first time purchasers with computerized recordkeeping systems that cannot supply information required on primary remittance form. Columns A, B, C, and D must be completed in detail.

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE

**SOYBEAN PROMOTION,
RESEARCH, AND CONSUMER
INFORMATION PROGRAM
(SPARC)**

*A program of promotion, research, and consumer information
designed to strengthen, expand and develop new foreign and
domestic markets for soybeans and soybean products.*

Note: Information is required by 7 CFR 1220.223. Failure to report can result in a fine. Information is held confidential (7 CFR 1220.243).

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 1 hour 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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REPORT AND REMITTANCE OF AMOUNT COLLECTED AND DUE ON SOYBEANS PURCHASED

NAME AND ADDRESS (include P.O. Box or Street, City, State, and ZIP)

Federal Identification Number

State Grain Dealer License Number (if applicable)

County

Business Telephone (include area code)

The report and assessments must be remitted (postmarked) by the last day of the month following the end of the collection period. Late Payments are subject to a 2% per month late payment charge. Must be remitted by _____.

The following report is a report on soybeans purchased and the net market value paid for such purchases for the period commencing _____ and ending _____.

"Net market value" (quoted price plus or minus premiums or discounts such as moisture and quality factors) is the total dollars paid for assessed soybeans during the reporting period.

(A)	(B) STATE OF ORIGIN	(C) NET MARKET VALUE OF ASSESSED BU.	(D)	
			RATE	TOTAL
NUMBER OF BUSHELS			X.005 =	\$
PURCHASED (ALL STATES)			X.005 =	\$
BUSHELS _____			X.005 =	\$
NET MARKET VALUE OF			X.005 =	\$
ALL BUSHELS PURCHASED			X.005 =	\$
(ALL STATES)	* NOTE: If remitting assessments past due date, calculate the 2% mandatory late payment (compounded monthly). Total Assessments x.02 = Late Payment		TOTAL ASSESSMENTS =	
\$ _____			* LATE PAYMENT =	

SEND THIS REPORT AND A CHECK IN THE TOTAL AMOUNT SHOWN ABOVE TO:

TOTAL REMITTANCE =

OFFICE USE ONLY

PENALTIES: You may, by law, be fined up to \$10,000, imprisoned up to five years or both for knowingly or willfully making false statements within this document (18 U.S.C., Section 1001).

CERTIFICATION STATEMENT

I declare, under the penalties provided by law, that this report has been examined by me; and to the best of my knowledge and believe is a true, correct and complete report.

NAME/TITLE (Print or type)

SIGNATURE

DATE

"The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is the Commodity Promotion, Research, and Information Act of 1996, Pub. L. 104-127, 110 Stat.1032 (7 U.S.C. 7411-7425). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identification".