**ORGANIC RESEARCH AND PROMOTION ORDER**

**(7 CFR 1255)**

**PRODUCTION AND HANDLING REPORT**

\_\_\_\_\_\_\_\_ Year

For the \_\_\_\_\_\_\_\_ Quarter (Please specify)

Domestic producers and handlers are required to pay their assessments owed to the Board no later than 90 days following the year in which the organic product was produced or handled. If an entity fails to pay the assessment within 90 calendar days of the date it is due, the Board may impose a late payment charge and interest.

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. 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 the Tax Identification Number is mandatory, and will be used to determine affiliation or entity identification.

Contact Person:

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID#:

Address:

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web site:

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.

\* If farm/production/handling facility location differs from the address above, please specify the addresses of all locations that are certified:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Amount |
| Total Gross sales in Organic Products (Gross Organic Revenue): | | | | | | | | | | | | | | $ |
|  | Does Gross Organic Revenue total $250,000 or more? If so, you will be required to remit an assessment. | | | | | | | | | | | | |  |
|  | If your Gross Organic Revenue is less than $250,000 but you have registered to voluntarily participate in the program please check the following box and complete the remainder of this form.  [ ] I am participating in this program as a voluntarily assessed entity. | | | | | | | | | | | | |  |
| Amount Deducted for the Cost of Certified Organic Ingredients, Feed, and Inputs Used in the Production of Organic Products: | | | | | | | | | | | | | | $0 |
| Insert Any Deductible Amounts Paid to Qualified State Commodity Boards: | | | | | | | | | | | | | |  |
| **Net Organic Sales on Which Assessment is Due**:  (Assessment Rate (one tenth of one percent = x (.001)) | | | | | | | | | | | | | | $ |
| ***Total Assessment to be Remitted:*** | | | | | | | | | | | | | | **$** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Description | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | **Total** |
| **Operating Receipts and Cash Inflows** | | | | | | | | | | | | | | |
| CSA | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| Farmers Markets | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| Retail Outlets | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| **Total Cash inflows** | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| **Operating Expenses and Cash Outflows** | | | | | | | | | | | | | | |
| Organic Ingredients | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| Organic Feed | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| Organic Inputs | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| Non-organic agricultural ingredients | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| **Total Cash Outflows** | |  |  |  |  |  |  |  |  |  |  |  |  | $ |
| **Net Organic Sales** | |  |  |  |  |  |  |  |  |  |  |  |  | $ |

I certify that the above information is true and correct to the best of my knowledge and the attached payment represents 0.001 of the organic products produced, handled, or manufactured during this reporting period for which I am required to pay the assessment. I also certify that I am authorized to sign this report.

Print Name and Title of Person Completing this Report

Signature Date

**Please Mail your check to our LOCK BOX ADDRESS:**

Organic Research and Promotion Board

Street

City, State Zip code

And e-mail this report to:

Bank Wire/ACH Instructions:

Please contact: xxxx

E-mail: xx

**INSTRUCTIONS**

**Domestic producers and handlers would be required to pay their assessments owed to the Board monthly or no later than 90 days following the year in which the organic product was produced or handled. If a certified organic producer or certified organic handler fails to pay the assessment within 90 calendar days of the date it is due, the Board may impose a late payment charge and interest.** **The fiscal year runs from January through December. Quarterly payments may also be accepted. There are four quarters in each fiscal year. Quarter 1 covers January, February and March. Quarter 2 covers April, May, and June. Quarter 3 covers July, August, and September. Quarter 4 covers October, November, and December. All reports are held in strict confidence by the staff of the Board and the U.S. Department of Agriculture (USDA).**

*This report is required by law [7 U.S.C. 7416, 7 CFR Part 1255.52 and 7 CFR Part 1255.70]. Failure to report can result in a fine of not less than $1,000 or more than $10,000 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of $10,000 or imprisonment of not more than five years, or both.*

*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-NEW. The time required to complete this information collection on a quarterly basis is estimated to average 180 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.*

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