

**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 may result in a civil penalty of not more than the maximum amount specified in Sec. 3.91(b)(1)(xx) of this title for each violation.

**RETAIN THIS COPY FOR YOUR RECORDS**

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 State or regional dairy product promotion programs. <b>If you enter an amount, complete Part A on the reverse side of the blue copy of this report.</b> .....			\$ _____
6. Deduct Organic Milk Exemption (Per § 1150.157(a)) <b>If you enter an amount, complete Part B on the reverse side of the blue copy of this report.</b> .....			\$ _____
7. Net amount due for marketings during the month (line 4 minus line 5 and line 6).....			\$ _____
8. Add or subtract adjustments for prior months (Explain) .....			\$ _____
9. Amount remitted with this report (line 7 plus or minus line 8) .....			\$ _____

The report and a check payable to the National Dairy Promotion and Research Board or NDPRB in the amount shown on line 9 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 (Rev. 02/17) Destroy all previous editions.

Note: For inquiries regarding your assessment account, please telephone (847) 803-9794.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## Part A - Qualified Promotion Program Deduction

<sup>1</sup>In the space below, record the name of each qualified State or regional 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

<sup>2</sup>In the space below, 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>	_____	_____	_____	\$ _____	_____

- 1 You may attach a separate listing or computer printout showing Part A information if you prefer.
- 2 You may attach a separate listing or computer printout showing Part B information if you prefer.