

UNITED STATES DEPARTMENT OF AGRICULTURE

**AGRICULTURAL MARKETING SERVICE
DAIRY PROGRAMS**

1930-220th St. SE, Ste. 102
Bothell, WA 98021
Phone: (425) 487-6009
Fax: (425) 487-2775
E-mail: fmmaseattle@fmmaseattle.com

FEDERAL MILK ORDERS 124 & 131

4835 E Cactus Rd., Ste. 365
Scottsdale, AZ 85254
Phone: (602) 547-2909
Fax: (602) 547-2906
E-mail: ma@fmma.net

H - 2

Producer Payroll Report

Note: This cover page is for information purposes only and does not need to be submitted to the market administrator's office.

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Form H-2
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Form Approved, OMB No. 0581-0032
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FEDERAL MILK ORDERS 124 & 131

PRODUCER PAYROLL REPORT

Handler _____

Producer No. _____ Tank No. _____

Producer Name _____

Address _____

City, State, Zip _____

Month's Production Results

Total Pounds of Milk _____

Pounds of Butterfat _____

Pounds of Protein 1/ _____

Pounds of Other Solids 1/ _____

Average Butterfat Test _____

Average Protein Test 1/ _____

Average Other Solids Test 1/ _____

Month & Year _____

Daily Weights		
1		16
2		17
3		18
4		19
5		20
6		21
7		22
8		23
9		24
10		25
11		26
12		27
13		28
14		29
15		30
		31

Totals

Average Tests

1st half	2nd half
----------	----------

B.F. _____

Pro 1/ _____

OS 1/ _____

1/ FO 124 handlers only.
2/ FO 131 handlers only.

	<u>Rate</u>	<u>Value</u>
PPD 1/; Uniform Skim 2/	\$	\$
Producer Protein Price 1/	\$	\$
Other Solids Price 1/	\$	\$
Butterfat Price	\$	\$
Value of Milk Production		\$

<u>Premiums</u>	<u>Rate</u>	<u>Value</u>
Bonus	\$	\$
Hardship	\$	\$
Total Premiums		\$

Gross Payment for Month _____ \$

<u>Deductions</u>	<u>Rate</u>	<u>Value</u>
Hauling	\$	\$
Stops	\$	\$
Marketing Service	\$	\$
National DPC	\$	\$
State DPC	\$	\$
Other	\$	\$
Other	\$	\$
Total Deductions		\$

Net Payment for Month _____ \$

Less Partial Payment _____ \$

Less A/P Advance _____ \$

Net Check _____ \$

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FEDERAL MILK ORDERS 124 & 131

PRODUCER PAYROLL REPORT

Handler _____

Producer No. _____ Tank No. _____

Producer Name _____

Address _____

City, State, Zip _____

Day	Pounds	Butterfat 1/	Protein 1/ 2/	Other Solids 1/ 2/
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total _____

1/ Percent Test.
 2/ FO 124 handlers only.