

Report Date \_\_\_\_\_  
Ginning Completed: Yes \_\_\_\_\_ No \_\_\_\_\_  
First Report: \_\_\_\_\_  
Supplementary Report: \_\_\_\_\_

COTTON BOARD END-OF-SEASON GINNING REPORT

Important: This form is to be used to file total ginnings for each producer for the season. This report must be completed and mailed to the Cotton Board within 10 days after completion of ginning. DO NOT use this form to report remittance (use collecting handler form C8-1).

Gin Code	Crop Year	Total Bales Ginned
		_____

Certification: I certify that the information contained in this report covers all ginning thru the date of this report and is true and correct to the best of my knowledge.

Correct gin address  
in the space provided below  
(if necessary)

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

\_\_\_\_\_  
(Authorized Signature - Title )  
\_\_\_\_\_  
(Area Code/Telephone Number)

(Page 1) Original - Return to Cotton Board  
(Page 2) Duplicate - Return to Cotton Board  
(Page 3) Triplicate - Retain for Files

This report is required by law (7 U.S.C. 3201). Failure to report can result in a penalty of not more than \$1,000 for each such offense which shall accrue to the United States and may be recovered in a civil suit brought by the United States.





*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.*

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