

FOR COTTON RESEARCH AND PROMOTION ASSESSMENTS COLLECTED

RETURN TO <p style="text-align: center;">COTTON BOARD P.O. Box 2121 Memphis, Tenn. 38101-2121</p> INSTRUCTIONS: Mail Original and Duplicate Copy of Report to Cotton Board together with full remittance. Prepare Separate Report for each Gin and each Crop Year. To Be Mailed within 10 days after End of each Month During which Cotton was Handled. <p style="text-align: center;">BALES LISTED WERE GINNED AT:</p> NAME AND ADDRESS OF GIN <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">GIN NUMBER</td> <td style="width:30%;">COUNTY</td> <td style="width:30%;">STATE</td> </tr> </table>	GIN NUMBER	COUNTY	STATE	COLLECTING HANDLER NUMBER (If not known - Cotton Board will furnish) FIRM NAME & MAILING ADDRESS Street & Number (or PO Box) CITY, STATE & ZIP CODE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">MONTH COVERED BY THIS REPORT</td> <td style="width:40%;">CROP YEAR COTTON WAS PRODUCED</td> </tr> <tr> <td colspan="2">DATE OF LAST REPORT</td> </tr> </table>	MONTH COVERED BY THIS REPORT	CROP YEAR COTTON WAS PRODUCED	DATE OF LAST REPORT	
GIN NUMBER	COUNTY	STATE						
MONTH COVERED BY THIS REPORT	CROP YEAR COTTON WAS PRODUCED							
DATE OF LAST REPORT								

NAME OF PRODUCER FROM WHOM ASSESSMENTS WERE COLLECTED	DATE COLLECTED	MAILING ADDRESS OF PRODUCER FROM WHOM ASSESSMENTS WERE COLLECTED	OF BALES	TOTAL ASSESSMENTS COLLECTED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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16.				
17.				
18.				

<p>IMPORTANT IF COLLECTING HANDLER REPORT COVERS MORE THAN ONE GIN - ALSO USE RECAP REPORT</p>	Total Bales This Gin	B/C
	Total Assessment This Gin	5

CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents the total required assessments per bale on all cotton handled during the reporting period on which I was required to collect the assessments.

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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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 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.

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