Information is required by 7 CFR 1150.171. Failure to report can result in a fine. Information is held confidential (7 CFR 1150.173)

## NATIONAL DAIRY PROMOTION AND RESEARCH BOARD

**MONTHLY REPORT AND REMITTANCE OF AMOUNT DUE FOR ALL MILK MARKETED COMMERCIALLY**

**BY PRODUCERS**

(Under Dairy Production Stabilization Act of 1983)

Approved OMB No. 0581-0093

*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 §3.91(b)(1)(xx) of this title for each violation.***

ID Number: Name Address

Report of amount due on milk marketed by producers during

Month

Year

1. Milk from Producers (in pounds) lbs.
2. Milk from own Production (Exclude raw milk sold to other plants) (in pounds) lbs.
3. Total of lines 1 and 2 lbs.
4. Gross amount due for marketing’s during the month (line 3 X $.0015)

(The rate of $.0015 per pound is equal to 15 cents per hundred weight.) $

1. Deduct contributions - up to $.0010 X pounds from line 3 - made to qualified dairy product promotion programs.

#### To enter an amount, complete Part A. $

1. Deduct Organic Milk Exemption (Per §1150.157 (a))

#### To enter an amount, complete Part B. $

1. Net amount due for marketing’s during month (line 4 minus line 5 and line 6) $
2. Add or subtract adjustments for prior months (Explain) $
3. Amount remitted with this report (line 7 plus or minus line 8) $

The report and check payable to the National Dairy Promotion and Research Board or NDPRB or submission of this electronic form and check or electronic payment

in the amount shown on line 9 must be mailed or submitted by the last day of the month after the month in which the milk was marketed.

#### Please include your RP ID number on all check or electronic payments.

Mail to: **National Daily Promotion and Research Board, Street, City, State, and Zip**

To pay electronically remit funds to: **National Dairy Promotion and Research Board, Bank Information**

*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

TITLE

SIGNATURE

Note: For inquiries regarding your assessment account, please telephone (XXX) XXX-XXXX

DA-20 (Expiration Datexx/xx/20xx) Page 1 of 3  *See reverse for burden/non-discrimination statement*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees,

and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including

gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or

retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines

vary by program or incident.

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](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

# DA-20 (Expiration Date xx/xx/20xx) Page 2 of 3

# Part A - Qualified Promotion Program Deduction

In the space below1, record the name of each qualified 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 NDPRB.**

|  |  |  |
| --- | --- | --- |
| **Name of Qualified** | **Amount** | **Program Code** |
| **Promotion Program** | **Contributed** | **(For NDPRB** |
|  |  | **Use Only)** |
| \_ | $\_ |  |
|  | $\_ |  |
|  | $\_ |  |
| \_ | $\_ |  |
| \_ | $\_ |  |
| \_ | $\_ |  |
| \_  **Total** | $\_  $\_ |  |

**Part B - Exempt Organic Milk Deduction**

In the space below2, 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.

**Name of Producer**

**Payroll Number**

**Pounds of Exempt Milk**

**Exemption Rate**

**(Per cwt.) Value**

**For NDPRB**

**Use Only**

$

$

$

$

$

$

$

**Total**

$

$

### 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.

DA-20 (Expiration Datexx/xx/20xx) Page 3 of 3