

**NATIONAL FLUID MILK PROCESSOR
PROMOTION PROGRAM**

This report is required by 7 CFR 1160.211(a) of the regulations that implement the Fluid Milk Promotion Act of 1990 (Title XIX, Subtitle H, of the Food, Agriculture, Conservation, and Trade Act of 1990, Pub. L. 101-624), as amended. Failure to report or remit amount due can result in a substantial civil penalty. 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.

**MONTHLY REPORT AND REMITTANCE OF AMOUNT DUE
FOR ALL FLUID MILK PRODUCTS PROCESSED AND
MARKETED COMMERCIALY IN CONSUMER-TYPE
PACKAGES BY FLUID MILK PROCESSORS**

ID Number
Name
Address

Official Use Only

REPORT OF AMOUNT DUE ON FLUID MILK PRODUCTS MARKETED DURING

Month Year

Failure to report or remit amount due may result in a fine of not more than the maximum amount specified in § 3.91 (b)(1)(xxxv) of this title for each violation.

| | | |
|--|-------------------------|--------|
| 1. Fluid milk products processed and marketed commercially in consumer-type packages. | <input type="text"/> | lbs. |
| 2. Add fluid milk products processed and packaged and transferred to other plants. | <input type="text"/> | lbs. |
| 3. Subtract fluid milk products processed and packaged and transferred in from other plants. | <input type="text"/> | lbs. |
| 4. Subtract fluid milk products exported to locations outside the contiguous 48 States and the District of Columbia | <input type="text"/> | lbs. |
| 5. Deduct Organic Milk Exemption (Per §1160.215 (b)) If you enter an amount, complete Part A on the reverse side of this report. | <input type="text"/> | - lbs. |
| 6. Total fluid milk products processed and marketed commercially in consumer-type packages subject to the assessment (sum of line 1 through line 5). | <input type="text"/> | - lbs. |
| 7. Amount due for this month (line 6 x \$.0020). (The rate of \$.0020 per pound is equal to 20 cents per hundredweight). | \$ <input type="text"/> | - |
| 8. Add or subtract adjustments for prior months. Attach a separate sheet which explains the adjustments and shows the pounds and month(s) for each adjustment. | <input type="text"/> | |
| 9. Amount remitted with this report. Amount on line 7 plus or minus amount on line 8. If no adjustments are made, the amounts on line 7 and line 9 will be the same. | \$ <input type="text"/> | - |

PAYMENT: This report and check made payable to the National Fluid Milk Processor Promotion Board in the amount shown on line 8 must be mailed to the **National Fluid Milk Processor Promotion Board, P.O. Box XXXXX, City, State, Zip**, by the last day of the month following the month in which the fluid milk products were marketed. The postmark date of your remittance envelope will be used to determine the assessment of late-payment charges equal to 1.5 percent per month of the amount owed. Please allow time for postal service processing.

CERTIFICATION

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, correct and complete report. I also certify that I am authorized to sign this report.

| | |
|---|----------------------|
| RESPONDING OFFICIAL'S NAME (Please Print) | TITLE (Please Print) |
| SIGNATURE OF RESPONDING OFFICIAL | Date |

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

Part A - List of Exempt Fluid Milk Brands

¹ If processing fluid milk from brands not marketed at retail by the processor, list such brands in the space below to allow for verification that such brand has sought an organic exemption.

Name of Exempt Fluid Milk Brands

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

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