## American Egg Board

## OMB No. 0581-0093 EGG RESEARCH AND PROMOTION ORDER COLLECTING HANDLER REPORT

NOTE: PLEASE COMPLETE AND RETURN THIS REPORT # ACCOUNTING PERIOD BEGINNING

WITHIN 15 DAYS OF THE END OF THE AND ENDING

AMERICAN EGG BOARD

I.D. NUMBER			
	CASES HANDLE THIS REPORTIN PERIOD		
(2) LESS NONASSESSABLE CASES HAND	(1) TOTAL FROM ALL SOURCES	(1)	
	OR LESS C IMPORTED D PREVIOUSLY ASSESSED	(2)	TOTAL A + B + C + D
+	+ + +	(3)	LINE (1-2)
(3) TOTAL CASES SUBJECT TO ASSESSM  NOTE: PRODUCTION ELIGIBLE FOR E  MUST HAVE EXEMPTION CERTIFICAT  WITH AEB OR THE HANDLER MUST A	TOTAL ASSESSMENT DUE  LINE (2) Y	(4) [	
	MBERS FROM WHOM ASSESSABLE EGGS WERE PURC ADDITIONS BELOW OR ON REVERSE SIDE	HASED	NUMBER OF ASSESSABLE CASES
TOTAL CASES SUBJECT TO	ASSESSMENT AS LISTED BY PRODUCER ABOVE THIS TOTAL MUST EQUAL LINE (3)	(5)	
	KNOWLEDGE AND BELIEF THIS REPORT IS TRUE AND THIS REPORT WAS COMPILED ARE SUBJECT TO AUDI		<u>Г</u> Е.
AUTHORIZED SIGNATURE	TITLE		DATE
LP-6 (Expiration Date XX/XX/XXXX)	AEB COPY		Page 1 of 3

## INSTRUCTIONS FOR COMPLETING COLLECTION HANDLER REPORT

NOTE: THIS TWO-PART FORM NEEDS NO CARBON PAPER. COMPLETING IT WITH A BALL POINT PEN OR TYPEWRITER WILL AUTOMATICALLY FILL IN YOUR COPY (SECOND PART). AFTER COMPLETION, PULL SHEETS APART AND MAIL TOP COPY TO AEB.

- 1. Fill in the ending date of the accounting period covered by this report. To assist you in filing consistent reports, the beginning date is supplied based on the type accounting period you chose and should coincide with the beginning of your respective accounting period. If changes are necessary, please let us know. All reports are required to be returned, even if you did not handle any eggs during this period.
- 2. Verify name, address, and zip code. Make any changes necessary. Contact AEB if ownership has changed.
- 3. <u>Section (1):</u> Fill in total number of cases handled this period from all sources. "Handle" means to grade, carton, process, transport, purchase, or in any way place eggs or cause eggs to be placed in the current of commerce. (Includes eggs of your own production.) (Section 1250.500(h), Rules and Regulations.)
- 4. <u>Section (2):</u> Fill in number of non-assessable cases handled. Enter by category A, B, C, or D in the boxes provided. Enter the total of categories A, B, C, and D in Box (2).
  - \* Non-assessable categories are:

A.	<u>Hatchery Flocks</u> – Eggs f	from flocks utilized primarily for the
	hatching of baby chicks.	See restriction →

## **IMPORTANT:**

Category A or B type eggs <u>should be</u> assessed in the producer does not have exemption certificates on file with you and AEB effective for this current calendar year.

- B. <u>Flocks</u> or <u>less</u> Eggs from producers who have owned, in total, less than \_\_\_\_\_\_ birds for a 3-consecutive-month period immediately prior to the month in which assessments are due and payable. See restriction.-----
- C. <u>Imported</u> Eggs imported from outside U.S. borders (such as Canadian Eggs).
- D. <u>Previously Assessed</u> Eggs purchased from another handler who has provided a statement with each load indicating the eggs have been assessed under his handler number.
- 5. Subtract Box (2) from Box (1) and indicate difference in Box (3). Box (3) must equal Box (5).
- 6. Multiply Box (3) times case rate printed between line 3 and line 4.
- 7. <u>VERY IMPORTANT:</u> List the number of assessable cases you purchased from each producer during this reporting period in the producer section. List additional producers in the spaces provided on the front or on the back of the first (AEB) copy. <u>Address must be accurate and complete.</u> (Section 1250.529 (a)(1) (v), Rules and Regulations.)
- 8. Add cases entered for each producer and indicate the total in Box (5). Box (5) should equal Box (3). If it does not, recheck calculations and make corrections so that Box (5) = Box (3). (Don't forget producers on the back form.)
- 9. Write check for assessment due (Box (4)) and mail to AEB lock box address.

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 10 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.

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