 **Beef Checkoff ProgramOMB No. 0581-0093**

 A promotion and research program designed to increase demand for beef.

The Beef Checkoff Program was created by the Beef Promotion and Research Act of 1985 (7 U.S.C. §§2901-2911) and the Beef Promotion and Research Order (7 CFR §§1260.101-640). Information is required by 7 CFR §1260.201. Failure to report can result

in a fine. All information reported is confidential under 7 CFR §1260.203.

**MONTHLY REMITTANCE REPORT FOR ALL CATTLE PURCHASED OR MARKETED IN THE MONTH OF:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **/** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I.D. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:**

**This report and assessments must be remitted by the 15th day of the month following the month in which**

**the cattle were marketed. Late payments are subject to a 2-percent per month late payment charge.**

Instructions: Please provide the following information on all cattle you or your company marketed by completing the following table:

|  |
| --- |
| **CATTLE AND CALVES** |
| State of Origin | Total Number of Head Marketed | Number of Heat NOT Assessed | Number of Head per State Assessed |
|  |  | **-** |  | **=** |  |
|  |  | **-** |  | **=** |  |
|  |  | **-** |  | **=** |  |
|  |  | **-** |  | **=** |  |
|  |  | **-** |  | **=** |  |
|  |  | **-** |  | **=** |  |
|  |  | **-** |  | **=** |  |
| **TOTAL** | **TOTAL** | **TOTAL** |
| **Send this report and a check payable to:****Cattlemen’s Beef Promotion and Research Board or State QSBC****Address, State, and Zip** | **Amount Due** | **X $1.00/Head** |
| **$** |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I declare under the penalties provided by law, that this report has been examined by me and to the best

of my knowledge is a true, correct, and complete report. I also certify that I am authorized to sign this report.

DATE RESPONDING OFFICIAL’S NAME (PRINT)

TITLE (PRINT) SIGNATURE

 CHECK TO ORDER FORMS

Forward original with remittance. Retain copy for your records.

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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 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintain the data needed, and completing and review the collection of information.

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

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**INSTRUCTIONS ON COMPLETING A MONTHLY REMITTANCE FORM**

This form should be completed each month and should include all cattle purchased or marketed during the previous month. You have until the 15th of the following month to send in the form and any assessments that are due. (EXAMPLE: If you buy cattle in January the form and a check is due by February 15).

**MONTH** – The month in which the cattle were purchased or marketed.

**ID NO.** – The number you use to file with the IRS (Federal Identification Number). Individuals should use their social security number.

**COMPANY** – Company's name or, if you buy cattle as an individual, your own name.

**LATE CHARGE** – Failure to remit checkoff assessments by the due date will result in a late payment charge of 2-percent per month, compounded monthly, until all amounts due are paid.

**STATE OF ORIGIN** – The State where the cattle resided for at least 30 days prior to the time they were bought or sold. If the cattle came from another State within the last 30 days, write in the abbreviation of that State. Otherwise, write the abbreviation for your State. Example: If you buy cattle that have been in your State for only 20 days, the State of origin is the State they came from, not your State.

**TOTAL NUMBER OF HEAD MARKETED** – The total number of cattle purchased or marketed.

**NUMBER OF HEAD NOT ASSESSED** – Cattle for which you received a non-producer status form, a brand inspection certificate showing collection of the checkoff within 10 days of the transaction or cattle which you purchased from an auction market.

**NUMBER OF HEAD ASSESSED PER STATE** – This is the number of animals from each State for which you collected checkoff assessments. It is the total number of animals marketed minus those not assessed.

**TOTAL** – Monthly total for all States of origin. Add each row.

**AMOUNT DUE** – The number in this box is the amount due. Send your check along with the white copy of this form to the:

**PENALTIES** – You can be subject to two penalties:

 a) a civil penalty of up to $11,346 per violation; and

b) a fine up to $10,000 and imprisonment up to 5 years for fraudulent use of a Government form.

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