

# PRICES PAID - SCREENER

OMB No. 0535-0003  
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Project Code: 171 QID: 050801



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## Field Office

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Please make corrections to name, address and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. Your response will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is **voluntary**

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 is 0535-0003. 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.

Please mail your report promptly in the enclosed postage paid envelope. Thank you for your cooperation.

## Fuel

1. Does this operation sell Fuel to farmers in the U.S.?

Yes. What was the total value of fuel sales for last year? \$ \_\_\_\_\_

No. Go to Item 2.

## Feed

2 Does this operation sell Feed to farmers in the U.S.?

Yes What was the total value of feed sales for last year? \$ \_\_\_\_\_

No. Got to Item 3

## Seed

3 Does this operation sell Seed to farmers in the U.S.?

Yes What was the total value of seed sales for last year? \$ \_\_\_\_\_

No. Go to Item 4

OVER

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**Fertilizer and Chemicals**

**Type of Operation**

6 Does this business operate at a single location or multiple locations?

- One location.                       Multiple locations.

**Multiple Locations.** Please complete the following information if you operate at multiple locations.

List all addresses where this operation does business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Considering all the locations listed, how would you prefer to report?

- Contact each site individually.
- Headquarters reports for all locations on one report.                      Contact: \_\_\_\_\_
- Headquarters reports for all locations on separate reports.                      Contact: \_\_\_\_\_

Reported by: \_\_\_\_\_ Date \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Use Only													
Response		Respondent		Mode		Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9921	9985	9989			
2-R		2-Sp		2-Tel						_____ - _____ - _____			
3-Inac		3-Acct/Bkpr		3-Face-to-Face									
4-Office Hold		4-Partner		4-CATI									
5-R – Est		9-Oth		5-Web									
6-Inac – Est				6-e-mail									
7-Off Hold – Est				7-Fax									
				8-CAPI									
				19-Other									
										9907	9908	9906	9916
S/E Name													