

NATIONAL FLUID MILK PROCESSOR PROMOTION PROGRAM

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

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.

ID Number
Name
Address

Official Use Only

REPORT OF AMOUNT DUE ON FLUID MILK PRODUCTS MARKETING DURING

Month _____ Year _____

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

1. Fluid milk products processed and marketed commercially in consumer-type packages.	lbs.
2. Add fluid milk products processed and packaged and transferred to other plants.	lbs.
3. Subtract fluid milk products processed and packaged and transferred in from other plants.	lbs.
4. Subtract fluid milk products exported to locations outside the contiguous 48 States and the District of Columbia.	lbs.
5. Total fluid milk products processed and marketed commercially in consumer-type packages subject to the assessment (sum of line 1 through line 4).	lbs.
6. Amount due for this month (line 5 x \$.0020). (The rate of \$.0020 per pound is equal to 20 cents per hundredweight.)	\$
7. 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.	\$
8. Amount remitted with this report. Amount on line 6 plus or minus amount on line 7. If no adjustments are made, the amounts on line 6 and line 8 will be the same.	\$

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, PO Box 37094, Baltimore, MD 21297-3094**, 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% 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

Form DA-20R (06/10)

Note: For inquiries regarding your assessment account, please telephone (301) 656-1551.

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