NATIONAL FLUID MILK PROCESSOR
PROMOTION PROGRAM

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

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 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. Deduct Organic Milk Exemption (Per § 1160.215 (b)) If you enter an amount, complete Part A on the reverse side of this report. 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). lbs.

7. Amount due for this month (line 6 x $.0020). (The rate of $.0020 per pound is equal to 20 cents per hundredweight). $ -

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.

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. $ -

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 (Rev. 02/2017) Destroy all previous versions. Note: For inquiries regarding your assessment account, please telephone (301) 656-1200.
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

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________________________________________________________________________________
________________________________________________________________________________
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Form DA-20 (Rev. 02/17) (Reverse)

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