

**Instructions to Complete  
Packer Inquiry  
Form P&SP-1400**

You, as an individual, corporation, association or other entity that may engage in business as a packer, must provide the information required by form P&SP-1400.

Penalties for willfully making, or causing to be made, any false entry or statement of fact in any report required to be made under the P&S Act include a fine between \$1,000 to \$5,000 or imprisonment. (7 U.S.C. 222 (Section 402 of the P&S Act))

Mail the completed form to the appropriate regional office of the Packers and Stockyards Program as listed below. The states and territories covered by each regional office are listed below the regional office's address.

<b>Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration</b>		
<b>Eastern Regional Office</b> Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: <a href="mailto:PSPAtlantaGA.GIPSA@usda.gov">PSPAtlantaGA.GIPSA@usda.gov</a>	<b>Western Regional Office</b> 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: <a href="mailto:PSPDenverCO.GIPSA@usda.gov">PSPDenverCO.GIPSA@usda.gov</a>	<b>Midwestern Regional Office</b> Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: <a href="mailto:PSPDesMoinesIA.GIPSA@usda.gov">PSPDesMoinesIA.GIPSA@usda.gov</a>
<b>States Covered</b>	<b>States Covered</b>	<b>States Covered</b>
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, PR, QC, RI, SC, TN, VA, VT, WV	AB, AK, AZ, BC, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, SK, TX, UT, WA, WY	IA, IL, IN, KY, OH, MI, MB, MO, MN, ND, NE, ON, SD, WI

Additional copies of the report may be obtained from the regional office covering your state. All inquiries concerning any section or part of a section contained in the report can also be addressed to that regional office.

Line No.	Subject	Instructions
<b>FORM HEADER</b>		
	Business Entity ID	Business Entity ID should be completed using information provided by P&SP. If the information is not already completed on the form, please contact your Regional P&SP office to obtain the number.
	Preference for Filing	Select the method by which you prefer to receive your Annual Report; Electronic or Paper Copy. If you select Electronic, you will receive an email message from our system, reminding you that your annual report is due, with instructions to go to the E-Files website located at <a href="https://formsadmin.sc.egov.usda.gov/">https://formsadmin.sc.egov.usda.gov/</a>
<b>GENERAL INFORMATION – SECTION 1</b>		
101	Reporting Period	Report period a. from – b. to
102	Legal Business Name	Enter the legal business name of the firm.
103	Business Name (dba)	Enter the business name.
104 & 105	Mailing Address City, State, Zip	Enter complete mailing address.
106 & 107	Physical Address	Enter the complete physical address of the firm.
108	Contact Name	Enter the name of the person to contact.
109	Telephone Number	Enter the area code and telephone number where you may be reached during the hours of 8:00 a.m. and 5:00 p.m. local time.
110	Fax Number	Enter the area code and main business fax number where you may be reached during the hours of 8:00 a.m. and 5:00 p.m. local time.
111	E-Mail Address	Enter complete e-mail address.
112	Web Address	Enter complete web address.

Line No.	Subject	Instructions
<b>ORGANIZATIONAL STRUCTURE – SECTION 2</b>		
201 – 205	Owners, Officers, Partners, and Members	For each owner, officer, partner, and member enter their name, title, and respective percentage of ownership.
206	Type of Organization	Indicate if your organization is an individual, partnership, corporation, LLC, LLP, Co-op, Association or other.
207	Change in Organization	Indicate Yes or No if your organization had any change during the year.
208	Details of Organizational Change	If line 207 is “Yes”, give details.
209	State Incorporated, Registered, Formed	List State Incorporated/Registered/Formed.
210	Date Incorporated, Registered, Formed	List Date Incorporated/Registered/ Formed.
<b>COST OF LIVESTOCK PURCHASED – SECTION 3</b>		
301	Livestock Purchased	Enter the total cost of livestock purchases for your account during the reporting period.
<b>JURISDICTION – SECTION 4</b>		
401	Number of Days	Indicate the number of days business was conducted during the reporting year.
402	Total Sales Value	Indicate the total sales value of all meat and meat food products handled by the firm.
403	Livestock for Slaughter	Indicate YES or NO if the firm purchases livestock for slaughter at terminal stockyards or auction markets.
404	Livestock for Slaughter Outside the State	Indicate YES or NO if the firm purchases livestock for slaughter from outside the State in which it is slaughtered.
405	Selling Meat Outside the State Meat is Manufactured	Indicate YES or NO if the firm sells or ships any meat or meat food products outside the State where the meat or meat food products are manufactured.
406	Selling Meat to U.S. Government Agencies	Indicate YES or NO if the firm sells or ships meat or meat food products manufactured or prepared by it to U.S. Government agencies.
407	Wholesale Broker, Dealer, or Distributor	Indicate YES or NO if the firm operates as a wholesale broker, dealer, or distributor in commerce to market meat, meat food products, or livestock products in an unmanufactured form.
<b>LIVESTOCK SLAUGHTERED – SECTION 5</b>		
501	Slaughtered on Firm’s Account	Enter the number of head of livestock that was slaughtered by the firm for its own account by each species of livestock.
502	Slaughtered For Others	Enter the number of head of livestock that was slaughtered by the firm for the accounts of others by each species of livestock.
503	Slaughtered by Others For the Firm	Enter the number of head of livestock that was slaughtered by others for the firm’s account by each species of livestock. For each person or firm listed, please indicate if you are responding to line 502 or line 503.
<b>REMARKS – SECTION 6</b>		
601	Remarks	Use line 601 for additional information or explanation, making reference to the line number. Continue on next sheet of form if necessary.
<b>CERTIFICATION – SECTION 7</b>		
701	Print Name	Print name of a person listed on 201-205
702	Signature	Must be signed by a person listed on 201-205.
703	Phone Number	Enter the personal phone number of the person that signed the report.
704	Date	Enter the date the form was signed.
705	Title	Enter the title of the person signing the form.