

# Beef Promotion and Research Program

A program designed to increase demand of beef and beef products through industry-sponsored activities of beef promotion, research, consumer and industry information on the state and national levels

## MONTHLY REPORT AND REMITTANCE OF AMOUNT DUE FOR ALL CATTLE PURCHASED OR MARKETED DURING THE MONTH OF \_\_\_\_\_, 20\_\_\_\_.

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 1.8 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.

I.D. No.: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone#: \_\_\_\_\_

Information is required by (7 CFR 1260.201). Failure to report can result in a fine. Information is held confidential (7 CFR 1260.203).

**The report and assessments must be remitted by the fifteenth day of the month following the month in which cattle were marketed. Late payments are subject to a 2% per month late payment charge.**

**Instructions: Please identify by state of origin the following information on cattle that were marketed through you or your company and/or marketed by you or your company as beef or beef products.**

CATTLE AND CALVES							OFFICE USE ONLY
State of Origin	Total Number of Head Marketed	Number of Head NOT Assessed	Number of Head per State Assessed	Rate per Head	TOTAL		
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
_____	_____	- _____	= _____	x \$1.00	= _____	_____	
TOTAL _____		TOTAL _____	TOTAL _____				
Amount remitted with this report .....						TOTAL _____	_____

**Send this report and a check in the amount shown on line above payable to:**

**FLORIDA BEEF COUNCIL, INC.**  
 PO Box 421929  
 Kissimmee, FL 34742-1929  
 407 / 846-4557

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue SW, Washington D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal employment opportunity provider and employer.

I declare under the penalties provided by law, that this report has been examined by me and to the best of 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 (PRINT) \_\_\_\_\_

TITLE (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_