

INDIANA STATE EGG BOARD

Department of Egg Inspection

Purdue University

Phone: 765-494-8510

Creighton Hall of Animal Science

Fax: 765-494-6349

270 S Russell Street

West Lafayette IN 47907

QUARTERLY INSPECTION FEE REPORT/SHELL EGG CASE VOLUME

January – March: Due April 31, delinquent fee after May 10

April – June: Due July 31, delinquent fee after August 10

July – September: Due October 31, delinquent fee after November 10

October – December: Due January 31, delinquent fee after February 10

ACCOUNT NAME _____

AUDIT # _____

Report and payment are to be received in the Indiana State Egg Board office by the due date listed above.

Any report and/or payment received after the 10 day grace period will be subject to the delinquent fee - the greater of either **\$20 or 10%** of the amount due. The total fee must be included or report and payment will be returned.

Month _____

Cases _____ (30 dozen each)

Month _____

Cases _____ (30 dozen each)

Month _____

Cases _____ (30 dozen each)

*TOTAL CASES _____

TOTAL CASES x \$.11 per 30 dozen case = PAYMENT DUE \$ _____

Plus Delinquent Fee _____

TOTAL DUE: _____

*Total cases (**30 dozen each**) sold in Indiana to: retailers, hotels, restaurants, hospitals, nursing homes, schools, or to state or federal institutions, or operators of multiple unit outlets engaged in the distribution of eggs to their own retail units on which fees are due for this period.

Send reports to: Indiana State Egg Board, Purdue University, Creighton Hall of Animal Science, 270 S. Russell Street, West Lafayette, IN 47907, fax to: 765-494-6349 or email to: iseb@purdue.edu.

STATE OF _____ COUNTY OF _____

I, _____, for and in behalf of _____

(Contact Person)

(Company)

do hereby declare under the penalties of perjury that I have examined our records and to the best of my knowledge and belief the foregoing is a full and correct report of the egg volume on all shell eggs distributed in the State of Indiana for the above quarterly period.

Signature (required by law)

Date

CHECK PAYABLE TO: INDIANA STATE EGG BOARD. A copy of this form must accompany the check.