

INDIANA STATE EGG BOARD
Department of Egg Inspection
Purdue University
Creighton Hall of Animal Science
270 S Russell Street
West Lafayette IN 47907

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QUARTERLY INSPECTION FEE REPORT/SHELL EGG CASE VOLUME

1st Quarter: January – March: Due April 31, delinquent fee after May 1

2nd Quarter: April – June: Due July 31, delinquent fee after August 10

3rd Quarter: July – September: Due October 31, delinquent fee after November 10

4th Quarter: October – December: Due January 31, delinquent fee after February 10

DELINQUENT FEE: The greater of either \$20 or 10% of the amount due

ACCOUNT NAME _____

AUDIT # _____

ADDRESS: _____

PERIOD REPORTING _____

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: _____

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

*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.

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.