

INDIANA STATE EGG BOARD

Purdue University
 Creighton Hall of Animal Sciences
 270 S. Russell Street
 West Lafayette, Indiana 47907-2041

(765) 494-8510
 FAX (765) 494-6349
 Website: <https://stateeggboard.com>
 E-mail: iseb@purdue.edu

QUARTERLY INSPECTION FEE REPORT/SHELL EGG CASE VOLUME

1st Quarter: January – March: Due April 31, delinquent fee after May 10
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 inspection fee due

Send reports with payment to:
Indiana State Egg Board
 270 S. Russell Street
 West Lafayette, IN 47907
 For EFT or ACH payments,
 please email report and details of
 payment to: iseb@purdue.edu.

ACCOUNT NAME: _____
 ADDRESS: _____

 EMAIL: _____

LICENSE/AUDIT NUMBER: _____
 QUARTER REPORTING: _____
 YEAR: _____

MONTH	CASES SOLD PER MONTH
TOTAL CASES: (rounded up for any partial cases)	
Inspection Fee @ \$.11/case:	\$.11
Total Inspection Fee Due:	
<i>For submissions after corresponding due date:</i>	
<i>*Delinquent Fee: the greater of either \$20 or 10% of fees due.</i>	
TOTAL PAYMENT DUE:	

^One case = 30 dozen eggs
All partial cases should be rounded up to the next full case to determine Fee

CHECK PAYABLE TO:
INDIANA STATE EGG BOARD

A COPY OF THIS FORM MUST
 ACCOMPANY THE PAYMENT.

** The total fee payment and report must be included or will be returned.*

Firms reporting zero (0) sales are required to submit the form by the deadline, or the \$20.00 late fee will be applied.

^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.

I hereby swear or affirm under the penalties of perjury that this report is a full and correct summary of the egg case volume on all shell eggs distributed in the State of Indiana for the above quarterly period.

Signature: _____ Title: _____
(required by law)
 Printed Name: _____ Dated: _____
 Telephone: _____ E-mail Address: _____

