



**UNIFIED CHECKOFF REMITTANCE
SOUTH DAKOTA
DEPARTMENT OF AGRICULTURE**

Reporting quarter, choose one	
	First quarter July 1 – September 30
	Second quarter October 1 – December 31
	Third quarter January 1 – March 31
	Fourth quarter April 1 – June 30

DO NOT CLIP OR STAPLE TO THIS DOCUMENT.

Amount Purchased	Crop	Rate	Amount Remitted	
	Pulse Crops: Lentils, Dry Peas, Chickpeas, & Lupines	1% of the net market price	\$	
	WHEAT/DURUM	.4% of the net market price/bu.		
	Hundredweight of SUNFLOWERS	.04/cwt.	\$	
	Hundredweight of CANOLA	.04/cwt.	\$	
	Bushels of FLAX	.01/bu.	\$	
	Hundredweight of SAFFLOWERS	.04/cwt.	\$	
Subtotal OILSEEDS			\$	
	Bushels of CORN	.01/bu.		\$
SOYBEANS brought forward (see other side)				\$
TOTAL REMITTANCE			\$	

First Purchaser:	Telephone Number:
Signature	Title: Date:

This report is due thirty (30) days after the end of each quarter, in accordance with South Dakota law.

**Mail your check, payable to the South Dakota State Treasurer, and this form in the enclosed envelope to:
Remittance Center, PO Box 5055, Sioux Falls, SD 57117-5055.**

South Dakota Unified Check off is a cooperative effort of the following organizations:

SD Wheat Commission (605) 773-4645	SD Oilseeds Council (605) 222-8045	SD Soybean Council (605) 330-9942	SD Corn Utilization Council (605) 334-0100	SD Department of Agriculture (605) 773-3375
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Please contact one of the above agencies if you have any questions.

UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE

**SOYBEAN PROMOTION,
 RESEARCH AND CONSUMER
 INFORMATION PROGRAM
 (SPARC)**

A program of promotion, research and consumer information designed to strengthen, expand and develop new foreign and domestic markets for soybeans and soybean products.

NOTE: Information is required by 7 CFR 1220.223. Failure to report can result in a fine. Information is held confidential (7 CFR 1220.243).
 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 hour 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.
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REPORT AND REMITTANCE OF AMOUNT COLLECTED AND DUE ON SOYBEANS PURCHASED

NAME AND ADDRESS (include P.O. Box or Street, City, State, and ZIP)	Required Number
	I.D. Number
	County
	Business Telephone (include area code)

The report and assessments must be remitted (postmarked) by the last day of the month following the end of the collection period. Late Payments are subject to a 2% per month late payment charge. Must be remitted by _____.

The following is a report on soybeans purchased and the net market value paid for such purchases for the period commencing _____ and ending _____.

"Net market value" (quoted price plus or minus premiums or discounts such as moisture and quality factors) is the total dollars paid for assessed soybeans during the reporting period.

STATE OF ORIGIN	NUMBER OF BUSHELS PURCHASED	NUMBER OF BUSHELS ASSESSED	NET MARKET VALUE OF ASSESSED BUSHELS	RATE	TOTAL
				x.005 =	\$
				x.005 =	\$
				x.005 =	\$
				x.005 =	\$
				x.005 =	\$

***NOTE:** If remitting assessments past due date, calculate the 2% mandatory late payment (compounded monthly).
Total Assessments x .02 = Late Payment

TOTAL ASSESSMENTS =	\$
* LATE PAYMENT = *	\$
TOTAL REMITTANCE =	\$

SEND THIS REPORT AND A CHECK IN THE TOTAL AMOUNT SHOWN ABOVE TO:

Remittance Center
 P.O. Box 5055
 Sioux Falls, SD 57117-5055

Make check payable to:
 SD State Treasurer

OFFICE USE ONLY

PENALTIES: You may, by law, be fined up to \$10,000, imprisoned up to five years or both for knowingly or willfully making false statements within this document (18 U.S.C., Section 1001).

CERTIFICATION STATEMENT

I declare, under the penalties provided by law, that this report has been examined by me; and to the best of my knowledge and belief is a true, correct and complete report.

NAME/TITLE (Print or type)	SIGNATURE	DATE
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