

INDIANA STATE CHEMIST AND SEED COMMISSIONER
AGRICULTURAL AND VEGETABLE SEED REPORT

<input type="checkbox"/> Jan 1 - June 30 Year 20____ Due July 31 Late Fee After Aug 15
<input type="checkbox"/> July 1 - Dec 31 Year 20____ Due Jan 31 Late Fee After Feb 15

COMPANY # _____

COMPANY _____

ADDRESS _____

1. VEGETABLE SEED PACKETS, PREPLANTED CONTAINERS, MATS, TAPES, OR OTHER PLANTING DEVICES IN CONTAINERS NOT MORE THAN ONE POUND. \$3.00 per each retail location offered.

Inspection Fee

Total number of retail locations _____ x \$3.00 \$ _____

2. NUMBER OF PACKAGES EXCEEDING ONE POUND IN WEIGHT AND UP TO AND INCLUDING 25 LBS. IN WEIGHT

A. Alfalfas, Clovers, Vegetables, Grasses, and Mixtures _____ packages x 7½¢ (\$0.075) \$ _____

B. All Other Seeds _____ packages x 3¾¢ (\$0.0375) \$ _____

3. POUNDS DISTRIBUTED IN PACKAGES IN EXCESS OF 25 LBS. AND IN BULK THIS QUARTER
 (Complete page 2 for exemptions claimed in Items A2 and B2)

A. ALFALFAS, CLOVERS, VEGETABLES, GRASSES, AND MIXTURES

	Alfalfas	Clovers	Vegetables	Grasses	Mixtures and Miscellaneous	
1. TOTAL AMT. DISTRIBUTED.....(lbs)	_____	_____	_____	_____	_____	
2. EXEMPTIONS						
(a) Fee Paid to Supplier.....(lbs)	_____	_____	_____	_____	_____	
(b) Fee to be Paid by Subsequent Distributor.....(lbs)	_____	_____	_____	_____	_____	
(c) Seed Returned for Credit.....(lbs)	_____	_____	_____	_____	_____	
3. TOTAL EXEMPTIONS.....(lbs)	_____	_____	_____	_____	_____	
4. NET AMT. ON WHICH FEE IS DUE.....(lbs) (line 1 minus line 3)	_____	_____	_____	_____	_____	
Total net pounds from line 4 on which inspection fee is due: _____ lbs. x 30¢/cwt (\$0.0030)						\$ _____

B. ALL OTHER SEEDS

	Corn	Soybeans	Wheat	Oats	Miscellaneous	
1. TOTAL AMT. DISTRIBUTED.....(lbs)	_____	_____	_____	_____	_____	
2. EXEMPTIONS						
(a) Fee Paid to Supplier.....(lbs)	_____	_____	_____	_____	_____	
(b) Fee to be Paid by Subsequent Distributor.....(lbs)	_____	_____	_____	_____	_____	
(c) Seed Returned for Credit.....(lbs)	_____	_____	_____	_____	_____	
3. TOTAL EXEMPTIONS.....(lbs)	_____	_____	_____	_____	_____	
4. NET AMT. ON WHICH FEE IS DUE.....(lbs) (line 1 minus line 3)	_____	_____	_____	_____	_____	
Total net pounds from line 4 on which inspection fee is due: _____ lbs. x 15¢/cwt (\$0.0015)						\$ _____

4. TOTAL INSPECTION FEE DUE (Total of Items 1, 2, 3A, and 3B or \$10.00 minimum per semi-annual reporting period, whichever is greater) \$ _____

5. IF FILED AFTER DUE DATE ADD LATE FILING PENALTY (10% or \$50.00, whichever is greater) \$ _____

6. ACCOUNT DEBIT OR CREDIT \$ _____

7. NET AMOUNT OF THIS PAYMENT — Make remittance payable to **INDIANA STATE CHEMIST.** **\$10.00 Minimum** \$ _____

Signature of Affiant: _____ Date: _____ Phone No: (____) _____

Printed Name: _____ E-Mail Address: _____

