



Kansas Department of Agriculture
 Accounts Receivable and Licensing
 1320 Research Park Dr
 Manhattan KS 66502
 785-564-6700

Quarterly Report of Milk Distributor's Packaged Grade A Milk and Milk Products Sold at Retail in Kansas

Name of Distributor _____

Please return fee and form to:

Kansas Department of Agriculture
 Records Center – DAIRY
 1320 Research Park Drive
 Manhattan, KS 66502

Mailing Address _____

Street Address _____

785-564-6700

IMS Number _____ Kansas License Number _____

Grade A Pasteurized Packaged Milk and Milk Products

Item	Product Pounds
Milk (including flavored)	
Low Fat Milk (including flavored)	
Nonfat Skim Milk (including flavored)	
Organic Milk (all fat levels and flavors)	
Lactose Reduced Milk	
Buttermilk	
Eggnog	
Half & Half	
Whipping Cream	
Heavy Cream	
Aerated Cream	
Creamers (including flavored)	
Sour Cream	
Dairy Dips	
Yogurt (all fat levels and flavors)	
Cottage Cheese (all fat levels)	
Other	
Other	
Other	

For quarter _____ year _____

Quarter	Dates Covered	Due Date
1	Jan 1 to Mar 31	Apr 30
2	Apr 1 Jun 30	Jul 31
3	Jul 1 to Sep 30	Oct 31
4	Oct 1 to Dec 31	Jan 31

A1.

Total pounds
 (\$0.02/100 lbs.) x _____ .0002
 \$ _____

A2.

Minimum fee of \$2.50 is required.

Total fees:

A1 or A2, whichever is greater \$ _____

This report is due on or before the end of the month following the preceding calendar month. **An additional charge will be assessed equal to 1% of the required fee for each day after the date due. If the additional late fee charge is less than \$5, then a minimum of \$5 is due.**

For and on behalf of the applicant, I, the undersigned, hereby authorize the secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fee due under the dairy law to the State of Kansas. (K.S.A. 65-781)

I declare that this report, including any accompanying schedule and statement, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

 Signature

 Date

 Print Name

For Office Use Only

DT3 _____ Check # _____ Transaction # _____

T3A Revised 04/15