Colorado Sheep & Wool Authority

MONTHLY REPORT FOR SHEEP MARKETED IN OR FROM COLORADO

Packer Information _____ _____ _____Report for the Month of_____

Name of Packer_____ **SS# / Tax ID** _____
Address_____**City**_____**State**_____ **Zip Code**_____
Email_____

Seller Information: List the names and addresses of all people selling sheep to you this month. A computer printout with the required information may be submitted in place of filling out this form. This form must be signed by a representative of the packing plant.

Name	Address	City	Zip Code	# of Sheep Assessed	Assessment Deducted ($0.25/head)	Date of Sale	Office Use
TOTAL ASSESSMENTS DEDUCTED & REMITTED							

Certification: I hereby certify that the above information is correct and accurate to the best of my knowledge. I am aware that false information or failure to report may result in civil and administrative penalties.

_____

Packer Representative's Signature ***Date***

Make Checks Payable to the Colorado Sheep & Wool Authority

Mail payment and assessment report to
Colorado Sheep & Wool Authority
PO Box 292 ● Delta, CO 81416-0292

cwgawool@aol.com ● coloradosheep.org
(970) 874-1433 ● (970) 874-4170 fax