



# ASSESSMENT QUARTERLY REPORT AND REMITTANCE

*This report must be completed and returned even if no grain purchases were made.*

The Farm Produce Insurance Fund (2003, PA 198) is established for the purpose of providing money to pay producers for farm produce losses incurred due to a failure of a grain buyer. On October 1, 2017, grain dealers will cease collecting the Program Assessment of two-hundredths percent (0.002) and continue collecting the Administrative Assessment of fifteen-thousandths percent (0.00015)—a continual assessment that began on January 1, 2013, to reimburse the Michigan Department of Agriculture and Rural Development for Producer Security administration costs.

Buyers shall deduct these assessments from the net sales price and shall remit to the Farm Produce Insurance Authority. The assessments, as defined in Section 10, shall be calculated using the net sales price of the grain including all discounts for moisture, quality, variety, or any other characteristic of the farm produce and after the deduction of marketing assessments, storage, drying, cleaning, or any usual customary charges of the sale of farm produce.

When purchasing grain, a buyer shall deduct the assessments from the producer's net payment, document the producer's premium, and submit the assessments collected in the following period and mail by the due dates as listed below.

**Check appropriate box to indicate quarter and write year in which quarter falls in the space provided.**

- Quarter 1:** Year \_\_\_\_\_ due APRIL 30 for assessments collected in January-February-March
- Quarter 2:** Year \_\_\_\_\_ due JULY 31 for assessments collected in April-May-June
- Quarter 3:** Year \_\_\_\_\_ due OCTOBER 31 for assessments collected in July-August-September
- Quarter 4:** Year \_\_\_\_\_ due JANUARY 31 for assessments collected in October-November-December

Company or Buyer's Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Telephone No. with Area Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Calculation of assessments collected from producer for:**

MONTH	DOLLAR AMOUNT OF PURCHASES
1. Month 1	\$
2. Month 2	(+) \$
3. Month 3	(+) \$
4. Quarterly Total Purchases	(=) \$
5. Quarterly Assessment Rate	(x) <b>0.00015</b>
6. Assessment to be Remitted	(=) \$
7. Check Number	

If this report includes multiple branches, list the facilities individually on Page 2.

I, the undersigned, declare this report has been examined by me and to my best knowledge is true, correct, and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Please submit the original form and retain a copy for your files.**

For a copy of this form, other forms, and other information related to the Farm Produce Insurance Fund and the Grain Dealers Act, please visit our website at [www.michigan.gov/graindealers](http://www.michigan.gov/graindealers).

If this report includes multiple branches, list the individual facilities below.

Date(s) Assessments Collected	Purchaser (elevator or company collecting administrative assessments) List each separately	Amount Withheld
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	Name: _____ Branch: _____ City: _____ County: _____	\$ _____
	<b>TOTAL of Page 2</b> <b>(Enter on Page 1)</b>	
		\$ _____

**IF PAYMENT IS OWED**, please make a copy of this form for your records and submit the original form with a check for the total amount due made payable to:

**For ACH Payments:**

Pay Routing/Transit Number: ABA 021052053  
Account Number: 75506211

**For Physical Check Mailings:**

Farm Produce Insurance Authority  
PO Box 713696  
Chicago, IL 60677-0433

**IF NO PAYMENT IS OWED**, please enter zeroes in the appropriate spaces and submit via one of the following:

**Email:** MDARD-GrainDealers@michigan.gov  
**Fax:** 517-763-0500

**Mail:** Producer Security Program  
Farm Produce Insurance Authority  
PO Box 30017  
Lansing MI 48909-7517

**Please submit the original form and retain a copy for your files.**

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