



**Kansas Department of Agriculture**

1320 Research Park Dr  
 Manhattan, KS 66502  
 Phone 785-564-6700  
 Fax 785-564-6776  
 KDA.Records@KS.GOV

**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  
 1320 Research Park Drive  
 Manhattan, KS 66502

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

IMS Number \_\_\_\_\_ Kansas License Number \_\_\_\_\_

785-564-6700

**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 03/18