



**Wisconsin Department of Agriculture, Trade and Consumer Protection**  
 2811 Agriculture Drive  
 PO Box 8911  
 Madison WI 53708-8911  
 (608) 224-4936

## Milk Contractor Milk Payroll Obligation Monthly Report

|                  |                     |   |               |
|------------------|---------------------|---|---------------|
|                  |                     | For the Month of:   |               |
|                  |                     |   |               |
|                  |                     | <i>Return completed form by the 18<sup>th</sup> of the month following the period covered</i> |               |
|                  | Gross Total Payroll | Advance Payment   | Final Payment |
| <b>Grade A</b>   | \$                  | \$  | \$            |
| <b>Date Paid</b> |                     |   |               |
|                  |                     |   |               |
| <b>Grade B</b>   | \$                  | \$  | \$            |
| <b>Date Paid</b> |                     |   |               |
|                  |                     |   |               |
| <b>Agency</b>    | \$                  | \$  | \$            |
| <b>Date Paid</b> |                     |   |               |
|                  |                     |   |               |
| <b>Agency</b>    | \$                  | \$  | \$            |
| <b>Date Paid</b> |                     |   |               |
|                  |                     |   |               |
| <b>Agency</b>    | \$                  | \$  | \$            |
| <b>Date Paid</b> |                     |   |               |
|                  |                     |   |               |

The undersigned hereby certifies that this is a true, complete and accurate statement of the total milk purchased from all producers or producer agents during the period covered by this report.

*Signature*

*Date*

*Telephone*

Required under Section 126.41(9), Wis. Stats., A milk contractor who files and maintains security under s. 126.47 shall provide a monthly report to the department containing either of the following: (a) The highest amount of the milk contractor's unpaid milk payroll obligations at any time during the preceding month. (b) The total amount of milk payroll obligations that the milk contractor incurred during the preceding month.

Mail this report to:

WDATCP  
 ATT: LORI RONNERUD  
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 MADISON WI 53708-8911