

Wisconsin Department of Agriculture, Trade and Consumer Protection 2811 Agriculture Drive PO Box 8911 Madison WI 53708-8911 (608) 224-4966

Milk Contractor Milk Payroll Obligation Monthly Report

CONTACT NAME COMPANY NAME ADDRESS CITY, STATE, ZIP CODE		For the Month of: Month Year	
	Gross Total Payroll	Advance Payment	Final Payment
Grade A	\$	\$	\$
Date Paid			
Grade B	\$	\$	\$
Date Paid			
Agency	\$	\$	\$
Date Paid			
Agency	\$	\$	\$
Date Paid			
Agency	\$	\$	\$
Date Paid		1	

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 Wis. Stats. § 126.47(5m), A milk required to file or maintain security under § 126.4 monthly report to the department containing all of milk contractor's total unpaid obligations at the er for producer milk procured in this state under a dexcluding any unpaid obligation under a deferred milk procured in this state, with a milk producer of has, under § 126.70(1)(b), permanently waived eliminated and in the milk producer of the procured in the milk contractor. (b) Fither of the	7 shall provide a The following: (a) The and of the previous month eferred payment contract, payment contract, for ar producer agent that gibility to file a default	Mail this report to:	WDATCP ATT: MORGAN ALLEN PO BOX 8911 MADISON WI 53708-8911 Fax this completed form to Morgan at (608) 224-4937
claim against the milk contractor. (b) Either of the highest amount of the milk contractor's unpaid m any time during the preceding month. 2. The total obligations that the milk contractor incurred during	ilk payroll obligations at amount of milk payroll	submission options:	Morgan at (608) 224-493/ or <u>E-mail</u> scott.manthey@wi.gov