

Postage Statement - Standard Mail

Mailer	Permit Holder's Name and Address and Email Address, If Any	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)
	CAPS Cust. Ref. No. _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing	Post Office of Mailing	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3) <input type="checkbox"/> Parcels	Mailing Date	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Weight of a Single Piece 0 . _____ pounds		Total Pieces	
	Permit #	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	<input type="checkbox"/> Periodicals	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both		Total Weight

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3) _____ / _____ / _____

For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3) _____ / _____ / _____

For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing (DMM 245/345/445.6.10.1) _____ / _____ / _____

Parts Completed (Select all that apply) A B C D E F G H I J K L M S

Total Postage (Add parts totals)

Rate at Which Postage Affixed (Check one) (DMM 244, 344, 444)
 Correct Lowest Neither _____ pcs. x \$ _____ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage)

For USPS Use Only: Additional Postage Payment (State reason)

For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage. **Total Adjusted Postage Affixed**

Postmaster: Report Total Postage in **AIC 130** **Total Adjusted Postage Permit Imprint**

Certification

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form _____ Telephone _____

USPS Use Only

Weight of a Single Piece 0 . _____ pounds

Total Pieces _____ Total Weight _____

Total Postage _____

Are postage figures at left adjusted from mailer's entries? If "Yes" state reason. Yes No

Check One
 Presort Verification Not Scheduled Presort Verification Performed as Scheduled

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).

Date Mailed Notified _____ Contact _____ By (Initials) _____

Verifying Employee's Signature _____ Print Verifying Employee's Name _____ Time _____ AM _____ PM

Round Stamp (Required)