United States Postal Service

Postage Statement—First-Class Mail and First-Class Package Service

Use this form for First-Class Mail and First-Class Package Service.

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

Mailer

Permit Holder Name, Address, Email, Telephone

CAPS Cust. Ref. No. _____ CRID _____

Mailing Agent (If other than permit holder) Name, Address, Telephone

CRID _____

Mail Owner (If other than permit holder) Name, Address

CRID _____

Mailing

Post Office of Mailing

Mailer's Mailing Date

Federal Agency Cost Code

Statement Seq. No.

Permit #

No. and type of Containers
- _____ Sacks
- _____ 1 ft. Letter Trays
- _____ 2 ft. Letter Trays
- _____ EMM Letter Trays
- _____ Flat Trays
- _____ Pallets
- _____ Other

Type of Postage
- ☐ Permit Imprint
- ☐ Precanceled Stamps
- ☐ Metered

Processing Category
- ☐ Letters
- ☐ Flats
- ☐ Parcels

For Mail Enclosed within Another Class
- ☐ Marketing Mail
- ☐ Bound Printed Matter
- ☐ Library Mail
- ☐ Periodicals
- ☐ Media Mail

Weight of a Single Piece
__ __•__ __ __ __ pounds

SSF Transaction ID#

Parcels Only Hold For Pickup (HFPU)
No. of pieces _____

Total Pieces

Total Weight

Customer Generated Electronic Labels
- ☐ SigCon

Move Update Method
- ☐ Ancillary Service Endorsement
- ☐ NCOA^{Link}
- ☐ ACS
- ☐ Alternative Method
- ☐ Multiple
- ☐ OneCode ACS
- ☐ n/a Alternative Address Format

Combined Mailing
- ☐ Single Class

Letter or flat-size mailpieces contain:
- ☐ Round Trip ONLY: One DVD/CD or other disk.

This is a Political Campaign Mailing ☐ Yes ☐ No

This is Official Election Mail ☐ Yes ☐ No

For Automation Price Pieces, Enter Date of Address Matching and Coding
__ __/__ __/__ __ __ __

Postage

Parts Completed (Select all that apply): ☐ A ☐ B ☐ C ☐ D ☐ S ☐ NSA

1	**Subtotal Postage** (Add parts totals)	
2	Price at Which Postage Affixed (Check one). ☐ Correct ☐ Lowest ☐ Neither Complete if mailing includes pieces bearing metered/PC Postage. — ____ pcs. x $_____._____ = **Postage Affixed**	-
3	**Incentive/Discount Flat Dollar Amount**	-
4	**Fee Flat Dollar Amount**	+
5	**Permit #** _____ **Net Postage Due (Line 1 +/- Lines 2, 3, 4)**	

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Additional Postage Payment (State reason)	
For postage affixed, add additional payment to net postage due; for permit imprint, add additional payment to total postage.	**Total Adjusted Postage Affixed**
Postmaster: Report Total Postage in **AIC 121**	**Total Adjusted Postage Permit Imprint**

Certification

Incentive/Discount Claimed: _____ Type of Fee: _____

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 prices 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

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To be completed in non-PostalOne! sites

Weight of a Single Piece __ __•__ __ __ __ pounds	Total Weight	Are postage figures at left adjusted from mailer's entries? ☐ Yes ☐ No If yes, reason:	Round Stamp (Required) Payment Date
Total Pieces	Total Postage		
Presort Verification Performed? (If required) ☐ Yes ☐ No			
I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)		Date Mailer Notified / Contact By (Initials) / Time AM PM	
USPS Employee's Signature		Print USPS Employee's Name	