United States Postal Service

Postage Statement - Nonprofit Standard Mail

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

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)*
USPS Nonprofit Auth. No. CAPS Cust. Ref. No. CRID		CRID		USPS Nonprofit Auth. No. CRID

Mailing

Post Office of Mailing	Processing Category	Mailer's Mailing Date	Federal Agency Cost Code	Statement Seq. No.	No. and Type of Containers
Type of Postage: ☐ Permit Imprint ☐ Precanceled Stamps ☐ Metered	☐ Letters ☐ Flats ☐ Marketing Parcels ☐ Parcels - Machinable ☐ Parcels - Irregular ☐ CMM ☐ Catalogs	Weight of a Single Piece: 0 . _ _ _ _ pounds	Combined Mailing: ☐ Mixed Class ☐ Single Class	Total # of Pieces in Mailing Total Weight	___ Sacks ___ 1 ft. Letter Trays ___ 2 ft. LetterTrays ___ EMM Letter Trays ___ Flat Trays ___ Pallets ___ Other

Permit #	For Mail Enclosed within Another Class ☐ Periodicals ☐ Bound Printed Matter ☐ Library Mail ☐ Media Mail ☐ Parcel Post	☐ Mailpiece is a product sample. _____ % Samples

For Automation Pieces, Enter Date of Address Matching and Coding	For Carrier Route Pieces, Enter Date of Address Matching and Coding	For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method
__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __

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

Postage

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

☐ Letter-size or flat mailpiece contains DVD/CD or other disk.	1	**Subtotal Postage** *(Add Parts Totals)*
2	Price at Which Postage Affixed *(Check one)* ☐ Correct ☐ Lowest ☐ Neither. Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. _____ 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)*	

USPS Use

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 125*** *(Permit Imprint Only, Excluding Simplified Addressing (EDDM))* **Total Adjusted Postage Permit Imprint**	
Postmaster: Report Total Postage in ***AIC 208*** *(Simplified Addressing (EDDM), Permit Imprint Only)* **Total Adjusted Postage Simplified Addressing (EDDM)**	

Certification

Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies that: (1) the mailing complies with DMM 703; (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. 3626(j)(1)(d)(ii)(I) and 26 U.S.C. 513(A); (3) the mailing if made by a voting registration official is required or authorized under the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. 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 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: ____ ____ . ____ ____ ____ ____ pound	Are postage figures at left adjusted from mailer's entries? ☐ Yes ☐ No	Round Stamp *(Required)* Payment Date
Total Pieces / Total Weight		
Total Postage		
Presort Verification Performed? *(If required)* ☐ Yes ☐ No *(Check one)*	Date Mailer Notified / Contact	
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)*	By *(Initials)* / Time AM PM	
USPS Employee's Signature	Print USPS Employee's Name	

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