

Colorado Sheep & Wool Authority
MONTHLY REPORT FOR SHEEP MARKETED IN OR FROM COLORADO

Handler Information

Report for the Month of _____

Name of Handler _____ SS# / Tax ID _____
 Address _____ City _____ State _____ Zip Code _____
 Email _____

Seller Information: List the names and addresses of all people selling sheep to you this month. A computer printout with the required information may be submitted in place of filling out this form. This form must be signed by the handler and submitted by the 10th day of the following month.

Name	Address	City	Zip Code	# of Sheep Purchased	Assessment Deducted (\$0.25/head)	Date of Purchase	Office Use
TOTAL ASSESSMENTS DEDUCTED & REMITTED							

Certification: I hereby certify that the above information is correct and accurate to the best of my knowledge. I am aware that false information or failure to report may result in civil and administrative penalties.

Handler's Signature _____

Date _____

Make Checks Payable to the Colorado Sheep & Wool Authority

*Mail payment and assessment report to
 Colorado Sheep & Wool Authority
 PO Box 292 • Delta, CO 81416-0292*

*cwgawool@aol.com • coloradosheep.org
 (970) 874-1433 • (970) 874-4170 fax*