



# MICHIGAN BLUEBERRY COMMISSION FIRST HANDLER REPORT FOR 2020

## ASSESSMENTS DUE NOVEMBER 30, 2020

PART A: REPORT SUBMITTED BY:

(Name of Individual Completing This Report)	(Telephone Number, Include Area Code)	
(Name of Business/Company)	(Tax ID#)	
(Mailing Address)	(Email Address)	
(City)	(State)	(Zip)

PART B: HANDLER ASSESSMENT CALCULATION. *(Copy Form or continue on another sheet if necessary.)*

**LIST BELOW THE NAME AND ADDRESS OF PRODUCERS FOR WHOM YOU RECEIVED MICHIGAN BLUEBERRIES AND THE AMOUNT HANDLED:**

GROWER NAME	ADDRESS	GROWER *ID #	PROCESS PRODUCTION TOTALS	FRESH PRODUCTION TOTALS	TOTAL POUNDS	TOTAL POUNDS X \$.003= ASSESSMENT DUE

\*GROWER OR FARM ID/CORP/PARTNERSHIP, TAX PAYER ID NO. OR EIN.

TOTAL ASSESSMENT COLLECTED BY HANDLER AND DUE MBC     \$ \_\_\_\_\_

**CERTIFICATION:**

I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents \$.003 (three-tenths of a cent) for all blueberries handled during this reporting period on which I was required to pay the assessment. I also certify that I am authorized to sign this report.

SIGNATURE	NAME (PRINT)
TITLE	DATE