STATE OF IOWA
DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP

Commercial Feed Inspection Feed Report
Chapter 198, Code of Iowa

PLEASE PRINT YOUR COMPANY
NAME AND ID NUMBER BELOW

ID#-

COMPANY NAME-

REMITTANCE PAYABLE TO:
Secretary of Agriculture

MAIL TO:
Iowa Department of Agriculture
And Land Stewardship
Feed Bureau
502 E 9th Street
Henry Wallace Building
Des Moines, Iowa 50319-0051

☐ Check here for Customer-Formula Feed Only (mix feed to final users instructions) and, on page 2.
List name and address of suppliers who collected Iowa fee for you, and remit minimum fee.

☐ If no activity this period check here and remit the minimum fee.

List any new locations below

COMPLETE REVERSE SIDE OF THIS FORM FIRST, THEN TRANSFER TO SPACE BELOW.

Inspection Fee and Penalty

a) Inspection Fee (total net tons)_____x .12 (minimum $20)……...$ _____

b) Penalty (if filed after Aug. 15 for Jan-June after Feb 15 for July-Dec) add $50 or 10% of (a), whichever is larger……$ _____

c) Total Fee paid (a + b)…….$ _____

THE $20 MINIMUM FEE MUST BE PAID EVEN IF NO TAX IS DUE AND THIS REPORT MUST BE FILED BY THE ABOVE SPECIFIED DATE OR THE PENALTY WILL BE ASSESSED.

Name – *Please print*: _____ Title _____

Signature:_____ Date _____

Telephone:_____

CODE 55

SUMMARY IOWA FEED DISTRIBUTIONS

IMPORTANT! NO EXEMPTIONS WILL BE ALLOWED WITHOUT A VALID IOWA FEED LICENSE NUMBER LISTED IN THE APPROPRIATE COLUMN BELOW.

NOTE: IF ADDITIONAL SPACE IS NEEDED ATTACH YOUR OWN SCHEDULE OR COMPUTER PRINT OUT.

Enter Feed Code Number (From List Below)	Tons Distributed (A)	Exempt Tons Distributed (B)	License Number of Exempt Customer to Whom Product was Distributed. (From Exempt Customer List)	Name of Exempt Customer to Whom Product was Distributed. (From Exempt Customer List)	Exempt Tons Received (C)	License Number of Supplier Who is Paying Tonnage Fee to Iowa on Tons We Received.	Name of Supplier Who is Paying Tonnage Fee to Iowa on Tons We Received.

Total Tons Distributed (Total Column A) _____

Exempt Tons Distributed (Total Column B) _____

Exempt Tons Received (Total Column C) _____

TOTAL NET TONS_____
Column A Total Minus Column B Total and Minus Column C Total

Code Number	Type of Complete Feed or Supplement	Code Number	Type of Feed Ingredient	Code Number	Type of Feed Ingredient

11_____Beef Feed
12_____Dairy Feed
13_____Horse Feed
14_____Pet Food (over 10 lbs.)
15_____Poultry Feed
16_____Sheep Feed
17_____Swine Feed

18_____Other Feed
19_____Alfalfa Products
20_____Animal Products
21_____Brewers/Distiller Products
22_____Corn Products
23_____Animal & Vegetable Fat & Oil

24_____Milk Products
25_____Molasses Products
26_____Soybean Products
27_____Wheat & Rye Products
28_____Mineral Ingredients
29_____Other Products