Monthly Report of Fertilizer Tonnage

This report shall be filed with the Department on or before the 10th day of each month, covering the distribution of fertilizer the previous month.

☐ Zero Tonnage

Month: _____

Year: _____

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Agricultural Products Inspection
State Fairgrounds – P.O. Box 19281
Springfield, Illinois 62794-9281
(217) 782-3817 TTY: (866) 287-2999

Record tonnage amount in the column that describes the use and packaging. Please list in only one category. Packaged and Bulk Liquid should both be listed under "Liquid". Please round tonnage to the nearest thousandth. Do not report negative tonnage.

"**DEFERRED TONNAGE**" means fertilizer distributed to an entity in Illinois other than an end user or consumer. This includes specialty fertilizers (Non-Farm) distributed in small packages. Deferred tonnage IS NOT subject to the tonnage inspection fee.

"**NET TONNAGE**" means fertilizer distributed to an entity in Illinois who is the end user or consumer. It also includes specialty fertilizers (Non-Farm) distributed in large packages. This is the tonnage subject to the tonnage inspection fee pursuant to Section 6(a) of the Illinois Fertilizer Act.

"**LARGE PACKAGE**" means fertilizer in containers greater than 5lbs or if liquid, greater than 1 gallon.

"**SMALL PACKAGE**" means fertilizer in containers of 5lbs or less or if liquid, containers of 1 gallon or less.

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

(Office Use Only)

Brand Name and Grade (N-P-K)	UFTRS Code (if known)	County	Farm Use Bag*	Farm Use Dry Bulk	Farm Use Liquid	Non-Farm Use Bag*	Non-Farm Use Dry Bulk	Non-Farm Use Liquid	*Size L or S	Def. √	Net √

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 5, Paragraph 55.1-1 through 55-23. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management. IL406-0039

_____ (Print or type name of authorized representative)

_____ (Signature of authorized representative)

_____ (Date)

Monthly Report of Fertilizer Tonnage – Additional Tonnage

ILLINOIS DEPARTMENT OF AGRICULTURE
Bureau of Agricultural Products Inspection
State Fairgrounds – P.O. Box 19281
Springfield, Illinois 62794-9281
(217) 782-3817 TTY: (217) 524-6858

Business Name: _____

Month: _____ Year: _____

(Office Use Only)

Brand Name/Grade	UFTRS Code (if known)	County	Farm Use Bag*	Farm Use Dry Bulk	Farm Use Liquid	Non-Farm Use Bag*	Non-Farm Use Dry Bulk	Non-Farm Use Liquid	*Size L or S	Def. √	Net √

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 5, Paragraph 55.1-1 through 55-23. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management. IL406-0039

_____ _____ _____

(Print or type name of authorized representative) (Signature of authorized representative) (Date)