

ILLINOIS EQUINE INDUSTRY RESEARCH & PROMOTION BOARD

Remittance Report

The verification of assessments due on sales of commercial equine feed. This form is required to be filed with the Illinois Equine Industry Research & Promotion Board by the 25th day of each quarter and shall include the total collected for the previous calendar quarter. The remitting manufacturer may retain 2% of the amount of assessment as a collection fee. If payment is not made in full to the board by the due date, an interest penalty of 5% of any unpaid amount shall be added for each month or fraction of a month after the due date until final payment is made. No collection fee may be retained on amounts not remitted in full by the 25th day of each quarter. Assessment on equine feed is authorized by Illinois PA 93-0135.

Remittance Period		
	Year _____	
<input type="checkbox"/> Jan-Mar	(1 st Qtr.)	Due no later than April 25th
<input type="checkbox"/> Apr –Jun	(2 nd Qtr.)	Due no later than July 25th
<input type="checkbox"/> Jul-Sept	(3 rd Qtr.)	Due no later than October 25th
<input type="checkbox"/> Oct-Dec	(4 th Qtr.)	Due no later than January 25th

Mail remittance report and check payable to: Illinois Equine Industry Research & Promotion Board PO Box 7317 Springfield, IL 62791 Phone: 217.529.6503 • Facsimile: 217.529.9120 Email: info@IEPB.org
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Equine Feed Manufacturer /Seller – Company Name		

Address		

City	State	Zip
_____	_____	_____
Telephone	Facsimile	
_____	_____	
Email	FEIN (Federal Employer Identification Number)	
_____	_____	
I, the undersigned, certify under penalty of law that the above named company was the manufacturer/seller of the stated amounts of equine fee reported on this form and that the information contained in this report is true and accurate.		
Signature of Authorized Person		
_____	_____	_____
Printed Name	Title	Date

Total Assessment Collected: (measured in either tons or 50# bags)	
\$2 / ton x _____ # of tons of equine feed sold in Illinois OR \$0.05 / 50# x _____ # of 50 lbs. bags of equine feed sold in Illinois	\$ _____ \$ _____
Subtotal	\$ _____
For PREMIXES ONLY Subtract assessment previously paid (in dollars) to other manufacturers when your company purchases premixes, supplements, minerals, etc. to be used in your manufacturing process. Receipts documenting the assessment required for credit. Please attach copies to this form.	
	<(\$ _____)>
Deduct 2% of subtotal for collection fee if remitted by due date.	
	<(\$ _____)>
Add 5% of subtotal for late fee if not remitted by due date.	
	\$ _____
Total Amount Enclosed *Checks returned for Insufficient Funds will be assessed a \$35 service charge	
	\$ _____*