Michigan Wheat Program Seed Assessment Form

Company Name:						
Address:						
City, State, Zip: _						
Phone:	Em	nail:				
Wheat assessmen months of			at for the 202	24 pro	duction	year for the
The report and assess wheat received prior January 1, 2025. If a subject to a 1% per re	to October 31. An it is postmarked a	y seed whe after those	eat purchased a dates, it will b	fter No e cons	vember	1 must be submitted
Number of Bushels Purchased	Number of Bushels Assessed not Already Assessed by MCIA or grown out of state		Net Market Value of Assessed Bushels*		Rate	Total
	<u> </u>	State	\$6.14		.005	
*NOTE: If you are remitting acceptants part the			Total Assessments =			
*NOTE: If you are remitting assessments pass due date, calculate the 1% mandatory late pay fee. (compounded monthly) Total Assessments x .01 = Late Fee			*Late Fe		e Fee =	
		Fee			Total =	
Make checks payable and mail to: Michigan Wheat Program PO Box 25065 Lansing, MI 48909		For more information: Call Toll Free: 1-888-WHEAT01 1-888-943-2801 Fax: 1-517-625-6061 Email: info@miwheat.org		*The "Net market value" is set by the MI Wheat Program board. It is the average CBOT price for November to April based on September future.		
I declare, under the penalties provided by law, that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.						
Name/Title (Print or Type)			Signature			Date

Return to Michigan Wheat Program with payment. Please keep a copy for your records.