

Postage Statement — Presorted Priority Mail
Postage Affixed

Post Office: Note Mail Arrival Time

Mailer Information	Permit Holder's Name and Address, and Email Address If Any		Telephone	Name and Address of Mailing Agent (If other than permit holder)		Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)	
	Dun & Bradstreet No. _____			Dun & Bradstreet No. _____			Dun & Bradstreet No. _____	
Mailing	Post Office of Mailing	Processing Category (DMM C050)		Mailing Date	Statement Seq. No.	Total Pieces		Number of Containers
	Permit No.	<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels		<input type="checkbox"/> Identical Weight <input type="checkbox"/> Non-identical Weight		Total Weight _____ pounds		

Postage Computation (DMM P013)	For 5-Digit	Total From Part A (On reverse)
	For 3-Digit	Total From Part B (On reverse)
	For ADC	Total From Part C (On reverse)
	For Residual/Single-Piece	Total From Part D (On reverse)
	For Special Services and Other Fees	Total From Attached Form 3540-S
	Total Postage Affixed (Add lines above) →	

Certification	<p>The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.</p> <p>The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.</p> <p>I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.</p>		
	Signature of Mailer or Agent	Name of Mailer or Agent	Telephone

USPS Use Only	Weight of a Single Piece _____ pounds		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		Round Stamp (Required)	
	Total Pieces	Total Weight	If "Yes," Reason			
	Total Postage					
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation; (3) proper completion of postage statement; and (4) payment of annual fee.			Check One <input type="checkbox"/> Presort verification scheduled <input type="checkbox"/> Presort verification not scheduled		
	Verifying Employee's Signature		Verifying Employee's Name	Date Mailed Notified		Contact
			Time	AM	PM	

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A. 5-Digit Presorted

Include \$0.25 presort discount in rates.

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part A
A1	Flat-Rate Envelope			\$3.60	
A2	Unzoned (1 lb. or less)			\$3.60	
A3	Local, 1, 2, & 3				
A4	4				
A5	5				
A6	6				
A7	7				
A8	8				
	Totals				

Total — Part A (Carry to front of form)

D. Residual/Single-Piece

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part D
D1	Flat-Rate Envelope			\$3.85	
D2	Unzoned (1 lb. or less)			\$3.85	
D3	Local, 1, 2, & 3				
D4	4				
D5	5				
D6	6				
D7	7				
D8	8				
	Totals				

Total — Part D (Carry to front of form)

B. 3-Digit Presorted

Include \$0.16 presort discount in rates.

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part B
B1	Flat-Rate Envelope			\$3.69	
B2	Unzoned (1 lb. or less)			\$3.69	
B3	Local, 1, 2, & 3				
B4	4				
B5	5				
B6	6				
B7	7				
B8	8				
	Totals				

Total — Part B (Carry to front of form)

C. ADC Presorted

Include \$0.12 presort discount in rates.

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part C
C1	Flat-Rate Envelope			\$3.73	
C2	Unzoned (1 lb. or less)			\$3.73	
C3	Local, 1, 2, & 3				
C4	4				
C5	5				
C6	6				
C7	7				
C8	8				
	Totals				

Total — Part C (Carry to front of form)