

United States Postal Service  
**Postage Statement — Regular Standard Mail**  
**Postage Affixed**

**Post Office Note Mail Arrival Time**

<b>Mailer Information</b>	Permit Holder's Name and Address	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.		

<b>Mailing Information</b>	Post Office of Mailing	Mailing Date	Statement Sequence No.	Receipt No.	
	Permit No.	<input type="checkbox"/> Meter Postage <input type="checkbox"/> Precanceled Stamps	Weight of a Single Piece 0 _____ pounds	Total Pieces	Total Weight
	Prepared Under DMM (Check all that apply)		Processing Category (DMM C050)	Number of Containers (Fill in all that apply)	
	<input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (ECR) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Auto. flats)		<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels	1' MM Trays _____ 2' MM Trays _____ 2' EMM Trays _____ Total Ltr. Trays _____ Flat Trays N/A Number of Sacks _____ Number of Pallets _____ Number of Other _____	
If Sacking, Based on <input type="checkbox"/> 125 Pcs. <input type="checkbox"/> 15 Lbs. <input type="checkbox"/> Both					

<b>Postage Computation (DMM P013)</b>	For Automation Letters and Flats		Total From Part A (On reverse)		
	For Presorted Letters and Nonletters		Total From Part B (On reverse)		
	For Enhanced Carrier Route (ECR) Pieces	Sequencing Date	Total From Part C (On reverse)		
	For All Other Pieces		Total From Part D (On reverse)		
	For Residual Shape Surcharge		Number of Pieces	Fee per Piece	
				x \$ .10	
	Is additional rate paid by permit imprint? (Form 3602-R required)		<b>Total Postage (Add lines above) →</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Rate at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither (DMM P600)		_____ pcs. x \$ _____ = <b>Postage Affixed</b> →			
<b>Total Postage Due (Subtract postage affixed from total postage) →</b>					
USPS: Additional Postage Payment (State reason. Add amount to line above)			\$	→	

<b>Certification</b>	The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.) The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).	
	<input type="checkbox"/> <b>For Enclosed Reply Pieces (Automation rates only):</b> I certify that any letter-size cards or envelopes enclosed in the pieces described above bear the correct facing identification mark (FIM) and barcode and meet automation compatibility standards in DMM C810. <input type="checkbox"/> <b>For ZIP Codes (Nonautomation rates only):</b> I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.	
	I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.	
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)		Telephone

<b>USPS Use Only</b>	Weight of a Single Piece 0 _____ pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	If "Yes," Reason		
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.	Date Mailer Notified	Contact	By (Initials)
		Verifying Employee's Signature	Verifying Employee's Name	Time AM PM
<b>Round Stamp (Required)</b>				

# Regular Standard Mail — Postage Affixed

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
<b>A</b>	<b>Regular Automation and Flats 3.3087 Oz. (.2068 Lb.) or Less</b>			
None	5-Digit Letter	.160 x _____	pcs. = \$ _____	
	3-Digit Letter	.176 x _____	pcs. = \$ _____	
	Basic Letter	.183 x _____	pcs. = \$ _____	
	3/5 Flat	.203 x _____	pcs. = \$ _____	
	Basic Flat	.245 x _____	pcs. = \$ _____	
DBMC	5-Digit Letter	.144 x _____	pcs. = \$ _____	
	3-Digit Letter	.160 x _____	pcs. = \$ _____	
	Basic Letter	.167 x _____	pcs. = \$ _____	
	3/5 Flat	.187 x _____	pcs. = \$ _____	
	Basic Flat	.229 x _____	pcs. = \$ _____	
DSCF	5-Digit Letter	.139 x _____	pcs. = \$ _____	
	3-Digit Letter	.155 x _____	pcs. = \$ _____	
	Basic Letter	.162 x _____	pcs. = \$ _____	
	3/5 Flat	.182 x _____	pcs. = \$ _____	
	Basic Flat	.224 x _____	pcs. = \$ _____	
<b>Total — Part A (Carry to front of form)</b>				\$ _____

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
<b>C</b>	<b>ECR Pieces 3.3062 Oz. (.2066 Lb.) or Less</b>			
None	Saturation Letter	.130 x _____	pcs. = \$ _____	
	Saturation Nonletter	.140 x _____	pcs. = \$ _____	
	High Density Letter	.139 x _____	pcs. = \$ _____	
	High Density Nonletter	.151 x _____	pcs. = \$ _____	
	Basic Letter	.162 x _____	pcs. = \$ _____	
	Basic Nonletter	.162 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.156 x _____	pcs. = \$ _____	
DBMC	Saturation Letter	.114 x _____	pcs. = \$ _____	
	Saturation Nonletter	.124 x _____	pcs. = \$ _____	
	High Density Letter	.123 x _____	pcs. = \$ _____	
	High Density Nonletter	.135 x _____	pcs. = \$ _____	
	Basic Letter	.146 x _____	pcs. = \$ _____	
	Basic Nonletter	.146 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.140 x _____	pcs. = \$ _____	
DSCF	Saturation Letter	.109 x _____	pcs. = \$ _____	
	Saturation Nonletter	.119 x _____	pcs. = \$ _____	
	High Density Letter	.118 x _____	pcs. = \$ _____	
	High Density Nonletter	.130 x _____	pcs. = \$ _____	
	Basic Letter	.141 x _____	pcs. = \$ _____	
	Basic Nonletter	.141 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.135 x _____	pcs. = \$ _____	
DDU	Saturation Letter	.104 x _____	pcs. = \$ _____	
	Saturation Nonletter	.114 x _____	pcs. = \$ _____	
	High Density Letter	.113 x _____	pcs. = \$ _____	
	High Density Nonletter	.125 x _____	pcs. = \$ _____	
	Basic Letter	.136 x _____	pcs. = \$ _____	
	Basic Nonletter	.136 x _____	pcs. = \$ _____	
	Basic Automation Letter*	.130 x _____	pcs. = \$ _____	
<b>Total — Part C (Carry to front of form)</b>				\$ _____

\*Automation-compatible letters only (DMM E640.2)

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
<b>B</b>	<b>Presorted Pieces 3.3087 Oz. (.2068 Lb.) or Less</b>			
None	3/5 Letter	.207 x _____	pcs. = \$ _____	
	3/5 Nonletter	.240 x _____	pcs. = \$ _____	
	Basic Letter	.235 x _____	pcs. = \$ _____	
	Basic Nonletter	.304 x _____	pcs. = \$ _____	
DBMC	3/5 Letter	.191 x _____	pcs. = \$ _____	
	3/5 Nonletter	.224 x _____	pcs. = \$ _____	
	Basic Letter	.219 x _____	pcs. = \$ _____	
	Basic Nonletter	.288 x _____	pcs. = \$ _____	
DSCF	3/5 Letter	.186 x _____	pcs. = \$ _____	
	3/5 Nonletter	.219 x _____	pcs. = \$ _____	
	Basic Letter	.214 x _____	pcs. = \$ _____	
	Basic Nonletter	.283 x _____	pcs. = \$ _____	
<b>Total — Part B (Carry to front of form)</b>				\$ _____

Entry Discount	Presort / Automation Discount	Rate per Piece	Number of Pieces	Total
<b>D</b>	<b>Check <input type="checkbox"/> Pieces More Than 3.3087 Oz. (.2068 Lb.)</b>			
	<b>One: <input type="checkbox"/> ECR Pieces More Than 3.3062 Oz. (.2066 Lb.)</b>			
As described in DMM E612, compute and enter the rate for each piece in the "Rate per Piece" column.				
↓				
None	Saturation ECR	\$._____ x _____	pcs. = \$ _____	
	High Density ECR	\$._____ x _____	pcs. = \$ _____	
	Basic ECR	\$._____ x _____	pcs. = \$ _____	
	3/5 Automation*	\$._____ x _____	pcs. = \$ _____	
	3/5 Presorted	\$._____ x _____	pcs. = \$ _____	
	Basic Automation*	\$._____ x _____	pcs. = \$ _____	
	Basic Presorted	\$._____ x _____	pcs. = \$ _____	
DBMC	Saturation ECR	\$._____ x _____	pcs. = \$ _____	
	High Density ECR	\$._____ x _____	pcs. = \$ _____	
	Basic ECR	\$._____ x _____	pcs. = \$ _____	
	3/5 Automation*	\$._____ x _____	pcs. = \$ _____	
	3/5 Presorted	\$._____ x _____	pcs. = \$ _____	
	Basic Automation*	\$._____ x _____	pcs. = \$ _____	
	Basic Presorted	\$._____ x _____	pcs. = \$ _____	
DSCF	Saturation ECR	\$._____ x _____	pcs. = \$ _____	
	High Density ECR	\$._____ x _____	pcs. = \$ _____	
	Basic ECR	\$._____ x _____	pcs. = \$ _____	
	3/5 Automation*	\$._____ x _____	pcs. = \$ _____	
	3/5 Presorted	\$._____ x _____	pcs. = \$ _____	
	Basic Automation*	\$._____ x _____	pcs. = \$ _____	
	Basic Presorted	\$._____ x _____	pcs. = \$ _____	
DDU	Saturation ECR	\$._____ x _____	pcs. = \$ _____	
	High Density ECR	\$._____ x _____	pcs. = \$ _____	
	Basic ECR	\$._____ x _____	pcs. = \$ _____	
<b>Total — Part D (Carry to front of form)</b>				\$ _____

\*Automation-compatible flats only (DMM C820)