

United States Postal Service
Postage Statement — First-Class Mail
Permit Imprint

Post Office Note Mail Arrival Time

Mailer Information	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)
	CAPS Cust. Ref. ID _____				
	Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing Information	Post Office of Mailing	Mailing Date	Federal Agency Cost Code	Statement Sequence No.	Receipt No.
	Permit No.	Weight of a Single Piece 0 _____ pounds		Total Pieces	Total Weight
	Prepared Under DMM (Check all that apply) <input type="checkbox"/> M130 (Letters, flats, parcels) <input type="checkbox"/> M130 (Upgradable letters) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Auto. flats)		Processing Category (DMM C050) <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels		Number of Containers (Fill in all that apply) 1' MM Trays _____ 2' MM Trays _____ 2' EMM Trays _____ Total Ltr. Trays _____ Flat Trays _____ Number of Sacks N/A Number of Pallets _____ Number of Other _____

Postage Computation (DMM P013)	For Automation Letters	Total From Part A (On reverse)
	For Automation Flats	Total From Part B (On reverse)
	For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)
	For Automation and Nonautomation Postcards	Total From Part D (On reverse)
	For Special Services and Other Fees	Total From Attached Form 3540-S
	Postmaster: Report total postage in AIC 121.	Total Postage Due (Add lines above) →
USPS: Additional Postage Payment (State reason. Add amount to line above)	\$ _____ →	

Certification	<p>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.)</p> <p>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).</p>	
	<input type="checkbox"/> For Updated Addresses (Presorted and automation rates only): I certify that the addresses appearing on the pieces described above have been updated within 180 days of the date of this mailing using a USPS-approved address update method.	
	<input type="checkbox"/> For Enclosed Reply Pieces (Automation rate only): 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"/> For ZIP Codes (Presorted rate only): 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.		
<p>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.</p>		
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)		Telephone

USPS Use Only	Weight of a Single Piece 0 _____ pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Total Pieces	Total Weight	If "Yes," Reason		
	Total Postage		Round Stamp (Required)		
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled				
	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.				
	Verifying Employee's Signature		Verifying Employee's Name		Time AM PM

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Presort / Automation Discounts	Rate per Piece	Number of Pieces	Total
A Automation Letters (DMM C810)			
Carrier Route	_____ x _____	pcs. = \$ _____	
5-Digit	_____ x _____	pcs. = \$ _____	
3-Digit	_____ x _____	pcs. = \$ _____	
Basic	_____ x _____	pcs. = \$ _____	

Presort / Automation Discounts	Rate per Piece	Number of Pieces	Total
B Automation Flats (DMM C820)			
3/5	_____ x _____	pcs. = \$ _____	
Basic	_____ x _____	pcs. = \$ _____	
Nonstandard Surcharge (If applicable)	.05 x _____	pcs. = \$ _____	

Total — Part A (Carry to front of form) \$ _____

Total — Part B (Carry to front of form) \$ _____

C Nonautomation Letters, Flats, and Parcels (DMM C050)			
Presorted	_____ x _____	pcs. = \$ _____	
Single-Piece	_____ x _____	pcs. = \$ _____	
Nonstandard Surcharge (If applicable)			
Presorted	.05 x _____	pcs. = \$ _____	
Single-Piece	.11 x _____	pcs. = \$ _____	
From Standard Mail (A)			
Single-Piece	_____ x _____	pcs. = \$ _____	
Nonstandard Surcharge (If applicable)			
Single-Piece	.11 x _____	pcs. = \$ _____	

D Postcards (DMM C100)			
Automation*			
Carrier Route	.141 x _____	pcs. = \$ _____	
5-Digit	.146 x _____	pcs. = \$ _____	
3-Digit	.159 x _____	pcs. = \$ _____	
Basic	.166 x _____	pcs. = \$ _____	
Nonautomation			
Presorted	.180 x _____	pcs. = \$ _____	
Single-Piece	.200 x _____	pcs. = \$ _____	

* Automation-compatible cards only (DMM C810)

Total — Part C (Carry to front of form) \$ _____

Total — Part D (Carry to front of form) \$ _____