

United States Postal Service
Postage Statement — First-Class Mail
Postage Affixed

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)
	Dun & Bradstreet No.		Dun & Bradstreet No.		

Mailing Information	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) <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)	

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
	Total Postage (Add lines above) →	
	Rate at Which Postage Affixed (Check one) (DMM P100) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	_____ pcs. x \$ _____ = Postage Affixed →
Total Postage Due (Subtract postage affixed from total postage) →		
USPS: Additional Postage Payment (State reason. Add amount to line above)		\$ _____ →

Certification

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).

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.

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.

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.

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 _____

USPS Use Only	Weight of a Single Piece 0 _____ pounds	Is figure 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

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Presort / Automation Discounts	Rate per Piece	Number of Pieces	Total	Presort / Automation Discounts	Rate per Piece	Number of Pieces	Total
A Automation Letters (DMM C810)				B Automation Flats (DMM C820)			
Carrier Route		x _____ pcs.	= \$ _____	3/5		x _____ pcs.	= \$ _____
5-Digit		x _____ pcs.	= \$ _____	Basic		x _____ pcs.	= \$ _____
3-Digit		x _____ pcs.	= \$ _____	Nonstandard Surcharge (If applicable)	.05	x _____ pcs.	= \$ _____
Basic		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)				D Postcards (DMM C100)			
Presorted		x _____ pcs.	= \$ _____	Automation*			
Single-Piece		x _____ pcs.	= \$ _____	Carrier Route	.141	x _____ pcs.	= \$ _____
Nonstandard Surcharge (If applicable)				5-Digit	.146	x _____ pcs.	= \$ _____
Presorted	.05	x _____ pcs.	= \$ _____	3-Digit	.159	x _____ pcs.	= \$ _____
Single-Piece	.11	x _____ pcs.	= \$ _____	Basic	.166	x _____ pcs.	= \$ _____
From Standard Mail (A)				Nonautomation			
Single-Piece		x _____ pcs.	= \$ _____	Presorted	.180	x _____ pcs.	= \$ _____
Nonstandard Surcharge (If applicable)				Single-Piece	.200	x _____ pcs.	= \$ _____
Single-Piece	.11	x _____ pcs.	= \$ _____				
			↓	* Automation-compatible cards only (DMM C810)			
			↓				↓
Total — Part C (Carry to front of form)			\$ _____	Total — Part D (Carry to front of form)			\$ _____