

**STATE OF NEVADA**  
**Department of Agriculture**



**DAIRY PRODUCTS REMITTANCE REPORT**

**LICENSEE / DISTRIBUTOR:**


**Remit to:**

**Nevada Department of Agriculture - Dairy**  
**405 South 21st Street**  
**Sparks, Nevada 89431**  
**PH: (775) 353 - 3601**

License #	Month:			Year:		
Fluid Products	Round entries to the nearest WHOLE pound.			Wt. Per Gallon	Pounds	<b>Conversion Factors</b>
	SOUTHERN	NORTHERN	TOTAL			
1. Homo - 3.5 %				Gals	8.60	<b>Fluid Conversion</b> 1/2 Gal = .5 gal Quart = .25 gal Pint = .125 gal 1/3 Qrt = .0833 gal 10 oz = .0781 gal <b>Creamers</b> 400-3/8 oz = 1.1719 gal 200-1/2 oz = .7813 gal <b>Weight Conversion</b> 4 oz = .25 lb 6 oz = .375 lb 8 oz = .5 lb 16oz = 1.0 lb <b>Yogurt Packs</b> 4pk 6/4 oz = 6 lb 6 pk 4/4oz = 6 lb
2. Lowfat 2%				Gals	8.62	
3. Lowfat 1%				Gals	8.62	
4. Flavored				Gals	8.20	
5. Flavored L'fat				Gals	8.20	
6. Skim				Gals	8.63	
7. Buttermilk				Gals	8.62	
8. Whip < 35%				Gals	8.41	
9. Whip > 35%				Gals	8.37	
10. Half & Half				Gals	8.55	
11. Egnog				Gals	7.50	
12. Sour Cream				Lbs	1.00	
13. TOTAL POUNDS						
<b>NOTE: Total Fluid Pounds (Line 13) transfers to Line 14 Total Column.</b>						
<b>ASSESSMENT CALCULATIONS:</b> (Round entries to the nearest WHOLE pound. Assessment rounds to nearest whole cent.)						
	SOUTHERN	NORTHERN	TOTAL	(X) ASSESSMENT RATE		= ASSESSMENT
14. Fluid Pounds				Pounds	\$0.0004	per Lb
15. Yogurt & Kefir				Pounds	\$0.0200	per Lb
16. Cottage Cheese				Pounds	\$0.0100	per Lb
17. Butter				Pounds	\$0.0100	per Lb
18. Ice Cream/Nov				Gallons	\$0.0100	per Gal
19. Mixes				Gallons	\$0.0100	per Gal
20. ASSESSMENT SUBTOTAL:						
21. ADJUSTMENTS: (Attach explanation)						
22.	<b>LATE FEES:</b> Per N.R.S. 584.649.3, the Department of Agriculture shall charge, as a penalty for late payment, the amount of \$10, or 10% of the total amount due, but remaining unpaid, whichever is greater. <b>PAYMENTS ARE DUE BY 20TH OF THE MONTH.</b>					
						<b>TOTAL ASSESSMENT DUE:</b>

Please make checks payable to: Nevada Department of Agriculture			I certify that this report is correct to the best of my knowledge.		
Department of Agriculture Use Only	Submitter Name:				
	Submitter Signature:				
Check #:	Title:			Name:	
Amount:	Phone #:			Phone #:	
Postmarked Date:	Email:			Date:	