



Quality Certification Services (QCS)

5700 SW 34th Street, Suite 349, Gainesville FL 32608

phone 352.377.0133 / fax 352.377.8363

www.qcsinfo.org

Gross Sales Assessment Form – Period 1, 2020

- Sales Assessment Period: **January 1st, 2020 through June 30th, 2020**
- Due Date: **July 31st, 2020**
- Please refer to the enclosed FAQ as you complete this form
- **This form must be submitted to QCS (even if you had no sales of certified products for the period).**

Please print the following information:

Name of Certified Entity: _____

QCS Entity Number: _____

Name of Preparer: _____

1. Total dollar amount gross sales of QCS-certified product for the current assessment period	[1. _____]
2. Processing/Handling clients <u>only</u> : Dollar amount of certified organic inputs/ingredients (see FAQ)	[2. _____]
3. Processing/Handling clients <u>only</u> : Subtract the amount in Box 2 from the amount in Box 1	[3. _____]
4. Grower/Livestock: Multiply the amount in Box 1 by number in Box 4 Processing/Handling: Multiply the amount in Box 3 by number in Box 4	[4. 0.005]
5. Enter the number in Box 5. This is the amount owed.* *Grower/Livestock: If the number is less than 75.00, enter \$75.00. This is the minimum amount owed for the period (see FAQ regarding Annual Minimum).	[5. *]

**Please note that the annual cap on assessments is \$6000 for growers/livestock; \$10,000 for single-site processors and \$20,000 for multi-site processors. If the number in box 5 puts you over this cap for the year, please pay only the amount that brings you up to this cap.*

SUBMIT THIS

Mark if Paying Online
(Be sure to send in your form)

I have provided my name as the preparer at the top of this form. I attest that the amounts entered in line 1 (and 2) of this form is the full amount of sales of QCS-certified organic products for the six month period requested. I recognize that willful misrepresentation of this amount is a violation of the QCS certification policies as well as the regulations of the National Organic Program and can lead to certification revocation or suspension.

Signature: _____ Date: _____



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