



# Application for Check-off Refund

Please check only ONE:      Corn                  Dry Edible Beans                  Area II Potato                  Turkey                  Sunflower                  Other

### INSTRUCTIONS

- Form must be filled in completely. Failure to do so will result in delay or denial.
- Proof of check-off must accompany refund application showing first purchaser, check-off date, and check-off amount. Failure to do so will result in delay or denial.
- Application must be postmarked within 60 days following the date of deduction/payment of the check-off fee. Failure to do so will result in denial.
- Law requires all parties having a financial interest in the commodity sold be listed as payees on the refund check.
- Applications for refund will not be accepted more than 12 times per year. **Return your completed application PLUS ONE COPY OF IT to: Minnesota Department of Agriculture, Promotion Councils, 625 Robert Street North, St. Paul, MN, 55155-2538, and keep a copy for your records.**

We are collecting the following information in order to process and approve your request for a commodity check-off refund. You are not legally required to give us this information but we may be unable to process your claim without it. No one will have access to your social security number or financial information except those permitted access by law, by your written consent, by a court order, or by those department employees whose job duties require access.

Name of Producer (Must match name on receipt)		
Name/s of others having a financial interest in commodity sold		
Social Security Number or Federal Tax ID Number		
Address		
City	State	Zip
County	Phone	

Complete name and location of First Purchaser (Enclose a separate sheet and a copy of it if this space is insufficient)		Check-off Date	Check-off Amount	Amount of Request
Name of First Purchaser	Delivery Location - City/State			
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>			\$	\$

I hereby certify, under the penalties provided by law for false statement, that this request is true and correct, and that no other request for refund is being filed with respect to the commodity sold.

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE (REQUIRED)

### FOR DEPARTMENTAL USE ONLY

PAYMENT REQUESTED \$	DATE POSTMARKED	MDA SIGNATURE
PAYMENT APPROVED \$	REASON FOR DENIAL	DATE
PAYMENT DISAPPROVED \$		

**SEND ORIGINAL COMPLETED APPLICATION PLUS ONE COPY TO MDA. KEEP A COPY FOR YOUR RECORDS.**