

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, and Email Address If Any	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 Info.	Post Office of Mailing	Processing Category (DMM C050) <input type="checkbox"/> Letters <input type="checkbox"/> Flats	Mailing Date	Federal Agency Cost Code	Statement Seq. No.	Number of Containers
	Permit No.	<input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Weight of a Single Piece 0 . _____ pounds		Total Pieces	
	For mail enclosed within another class: <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post					Total Weight

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 Cards	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 (Add lines above) →
For USPS Use Only: Additional Postage Payment (State reason)	

Postmaster: Report total adjusted postage in AIC 121.	Total Adjusted Postage (Add additional postage to total postage) →
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Certification	<p>The signature of a mailer certifies that he or she 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 he or she 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>I hereby certify that all information furnished on this form is accurate, truthful, and complete; that this mailing meets all applicable CASS/MASS standards including but not limited to those for completion of PS Form 3553 and 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> <p>I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).</p>	<input type="checkbox"/> For Enclosed Reply Pieces (Automation rates 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 rates 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. <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.
	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			Round Stamp (Required)	
	Total Pieces	Total Weight	If "Yes," Reason			
	Total Postage					
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified	Contact		By (Initials)
	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 annual fee (if required).					
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 Rates — Letters (DMM C810)

A1 Carrier Route _____ x _____ pcs. = \$ _____
 A2 5-Digit _____ x _____ pcs. = \$ _____
 A3 3-Digit _____ x _____ pcs. = \$ _____
 A4 Basic _____ x _____ pcs. = \$ _____



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

C Nonautomation Rates — Letters, Flats, and Parcels (DMM C050)

C1 Presorted _____ x _____ pcs. = \$ _____
 C2 Single-Piece _____ x _____ pcs. = \$ _____
 Nonstandard Surcharge (If applicable)
 C3 Presorted .05 x _____ pcs. = \$ _____
 C4 Single-Piece .11 x _____ pcs. = \$ _____
 From Standard Mail
 C5 Single-Piece _____ x _____ pcs. = \$ _____
 C6 Nonstandard Surcharge (If applicable)
 Single-Piece .11 x _____ pcs. = \$ _____



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

Presort / Automation Discounts Rate per Piece Number of Pieces Total

B Automation Rates — Flats (DMM C820)

B1 5-Digit _____ x _____ pcs. = \$ _____
 B2 3-Digit _____ x _____ pcs. = \$ _____
 B3 Basic _____ x _____ pcs. = \$ _____
 B4 Nonstandard Surcharge (If applicable) .05 x _____ pcs. = \$ _____



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

D Cards Eligible for Card Rates (DMM C100)

Automation*
 D1 Carrier Route .140 x _____ pcs. = \$ _____
 D2 5-Digit .151 x _____ pcs. = \$ _____
 D3 3-Digit .158 x _____ pcs. = \$ _____
 D4 Basic .164 x _____ pcs. = \$ _____
 Nonautomation
 D5 Presorted .180 x _____ pcs. = \$ _____
 D6 Single-Piece .200 x _____ pcs. = \$ _____

* Automation-compatible cards only (DMM C810)



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