



Beef Promotion and Research Program
PRIVATE TREATY SALES CHECK-OFF INVESTMENT FORM

Information is required by (7 CFR 1260.201). Failure to report can result in a fine. Information is held confidential (7 CFR 1260.203).

Today's Date: _____

Seller's Name: _____ Buyer's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Seller's Signature: _____ Buyer's Signature: _____

Both the seller & the buyer are responsible for making sure that the \$1 per head assessment is collected and remitted to the Beef Promotion & Research Board.

Total Number of Cattle Sold: _____ x \$1.00 Per Head = \$ _____

Date of Sale: _____ Person remitting assessment form: Seller D Buyer D

*State of Origin of Cattle: _____

*If the cattle purchased came from another state within the last 30 days, indicate from which state the cattle were purchased.

Send Report and Check to: **Wisconsin Beef Council**
 P.O. Box 388
 Monticello, WI
 53570-0388

Telephone: (800) 728-BEEF (2333)

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