

Please correct address if necessary

PLANT REPORT

Enter Control Number, Name and Address Here

For Month of _____

This report properly prepared and signed must be submitted to the above address no later than the 15th day following the month to which the report applies.

If you have any questions concerning this report, please call our office at (518) 485-8987.

E-mail completed reports to dairystatisticsreports@agmkt.state.ny.us.

SCHEDULE A - SUMMARY OF RECEIPTS FROM FARMS

| Code | Milk Receipts | No. of Producers | | From New York State Farms | | From Out-of-State Farms | |
|--------|--|------------------|--------------|-----------------------------|--|-----------------------------|----------------------------|
| | | NYS (Col. 1) | OOS (Col. 2) | Lbs. of Whole Milk (Col. 3) | Lbs. of Butterfat (Col. 4) | Lbs. of Whole Milk (Col. 5) | Lbs. of Butterfat (Col. 6) |
| A-9997 | From Own Farm(s) | | | | | | |
| A-9998 | From Producers Paid Directly | | | | | | |
| A-9999 | SUM OF COLUMNS 3 AND 5 (also put on Line F-0001, Sch F) | | | 0 | SUM OF COLUMNS 4 AND 6 (also put on Line F-0001, Sch F) | | 0 |

SCHEDULE B - SUMMARY OF RECEIPTS FROM OTHER SOURCES

| Code | FLUID MILK / CREAM PROD Give Name and Location of E Plant Dealer or Bulk Tank Un | State In Which Plant Is Located | Code for Office Use | Product | 1 = Bulk 2 = Pkgd | Pounds of Product | Pounds of Butterfat |
|--------|---|--|--|------------|-------------------------------------|------------------------|------------------------|
| B-01 | | | | | | | |
| B-02 | | | | | | | |
| B-03 | | | | | | | |
| B-04 | | | | | | | |
| B-05 | | | | | | | |
| B-11 | | | | | | | |
| B-12 | | | | | | | |
| B-13 | | | | | | | |
| B-14 | | | | | | | |
| B-15 | | | | | | | |
| B-21 | | | | | | | |
| B-22 | | | | | | | |
| B-23 | | | | | | | |
| B-24 | | | | | | | |
| B-25 | | | | | | | |
| B-9997 | SEE SUPPLEM <input checked="" type="checkbox"/> | | Total from NYS Sources (including supplemental sheets) | | | 0 | 0 |
| B-9998 | SEE SUPPLEM <input checked="" type="checkbox"/> | | Total from Out-of-State Sources (including supplemental sheets) | | | | |
| | OTHER DAIRY PRODUCTS USED (specify) | | Actual Lbs. | Factor (x) | Fluid Equivalent Lbs. of Product | Pounds of Butterfat | |
| B-0650 | SKIM POWDER | | 0 | 11 | 0 | | |
| B-0751 | SKIM CONDENSED | | | 3.5 | 0 | | |
| B-0860 | RECLAIMED WHEY | | | 1 | 0 | - | |
| B-0961 | WHEY CONDENSED | | | 7 | 0 | | |
| B-1662 | WHEY POWDER | | | 13 | 0 | | |
| B-1736 | WHEY CREAM | | | 1 | 0 | | |
| B-1870 | BUTTERMILK | | | | 0 | | |
| B-1980 | EVAP. OR CONDENSED MILK | | | | 0 | | |
| B-9999 | Total Receipts in Schedule B-Add Lines 9997, 9998, and Other Dairy Products Used (also put on Line F-0002, Schedule F) | | | | 0 | 0 | |

Attach supplemental sheets if necessary