

**STATE OF NEW YORK  
DEPARTMENT OF AGRICULTURE & MARKETS  
DIVISION OF MILK CONTROL & DAIRY SERVICES  
10B AIRLINE DRIVE, ALBANY, NY 12235  
PAYMENT REPORT**

Insert Contact Information Below:

For Month of 2006

This report properly prepared and signed must be submitted to the above address not later than the 28th day following the month to which the report applies.

If you have any questions, please call (518) 485-8987.

**SCHEDULE G - ALL PAYMENTS MADE DIRECTLY TO NEW YORK DAIRY FARMERS THIS MONTH**

Line	For Milk Receipts Reported in Line 9998, Schedule A of Your Plant Report Form DIS 423 or Schedule R of Your BTU Report				
G0002	Number of New York Dairy Farmers -----				
G0003	Pounds of Milk -----				
G0004	Butterfat Test	<u>        #DIV/0!        </u>	Protein Test	<u>        #DIV/0!        </u>	Other Solids Test <u>        #DIV/0!        </u>
G0041	Pounds of Butterfat		Butterfat Price \$		Butterfat Value \$ <u>        0.00        </u>
G0045	Pounds of Protein		Protein Price \$		Protein Value \$ <u>        0.00        </u>
G0005	Pounds of Other Solids		Other Solids Price \$		Other Solids Value \$ <u>        0.00        </u>
G0006	Total Producer Price Differential Value -----				\$ <u>        0.00        </u>
G0007	Total Gross Value of Milk (Exclusive of Special Premiums) -----				\$ _____
G0008	Average price (Exclusive of Special Premiums) <small>(Line 0007 divided by Line 0003 then multiplied by 100)</small>				\$ <u>        #DIV/0!        </u>
G0009	Special Premiums Paid:	(Total G0905 through G0930)		\$	<u>        0.00        </u>
	G0905 Volume \$	_____	G0920 Competitive \$	_____	
	G0910 Protein \$	_____	G0925 Other \$	_____	Identify: <u>  COMPACT  </u>
	G0915 Quality \$	_____	G0930 Other \$	_____	Identify: _____
G0010	Cooperative Associations Report Cash Dividends Paid This Month. -----				\$ _____
G1010	Adjustment for Cooperative Forward Contract Agreement				\$ _____
G0011	Gross Value of Milk (INCLUDING SPECIAL PREMIUMS & COOP. DIVIDENDS)				\$ <u>        0.00        </u>
	Deductions from Gross Value:		POUNDS	AMOUNT	
			<small>(If different from line 3)</small>		
G0012	Hauling (Include stop charges)	_____		\$	_____
G0013	Coop. dues	_____		\$	_____
G0014	Milk Promotion (Both N.D.B. & Local)	_____		\$	_____
G0015	Coop. Equity Payments	_____		\$	_____
G1505	C.C.C. Assessment	_____		\$	_____
G1510	Federal Order Marketing Services	_____		\$	_____
G0016	Other (Identify)     Zone Loc. Diff.	_____		\$	_____
	<b>NOTE: Do not include advance payments, 3rd party assignments, insurance, supplies, loans &amp; similar items.</b>				
G0017	Total Deductions -----				\$ <u>        0.00        </u>
G0018	Net Value of Dairy Farmers Milk (Line G0011 minus Line G0017) -----				\$ <u>        0.00        </u>

I hereby certify that the information in this report is correct to the best of my knowledge.

Signature of Person Preparing Report:	Title:	Date:
---------------------------------------	--------	-------

PLEASE PRINT NAME OF PERSON TO CONTACT ABOUT THIS REPORT	Phone No:
--	-----------