

Postage Statement — Standard Mail Subject to Surcharge
Postage Affixed

Use this form *only* for letters subject to the nonmachinable surcharge and pieces subject to the residual shape surcharge. Use Form 3602-P for all other letters and flats.

Mailer Info.	Permit Holder's Name and Address, and Email 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)	
	Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____	
Mailing Info.	Post Office of Mailing	Processing Category (DMM C050) <input type="checkbox"/> Letters	Mailing Date	Statement Seq. No.	Number of Containers	
	Permit No. <input type="checkbox"/> Meter Postage <input type="checkbox"/> Precanceled Stamps	<input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels	Weight of a Single Piece 0 . _____ pound	Total Pieces		
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post		If Sacked, Based on <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	Total Weight		
			For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____ / ____ / ____	For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing (DMM M050.4.0) ____ / ____ / ____		
Postage Computation (DMM P013)	For Presorted Letters				Total From Part E (On reverse)	
	For Presorted Nonletters (3.3 oz. or less)				Total From Part F (On reverse)	
	For Presorted Nonletters (More than 3.3 oz.)				Total From Part G (On reverse)	
	For Enhanced Carrier Route Nonletters (3.3 oz. or less)				Total From Part H (On reverse)	
	For Enhanced Carrier Route Nonletters (More than 3.3 oz.)				Total From Part I (On reverse)	
	For Special Services (3/5 and Basic rate parcels only)				Total From Attached Form 3540-S	
	Is pound rate paid by permit imprint under DMM P600.2.0? <input type="checkbox"/> Yes (Form 3602-RS required) <input type="checkbox"/> No			Total Postage (Add lines above) →		
	Rate at Which Postage Affixed (DMM P600) (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither					
					pcs. x \$ _____ = Postage Affixed →	
	Net Postage Due (Subtract postage affixed from total postage) →					
For USPS Use Only: Additional Postage Payment (State reason)						
Total Adjusted Postage (Add additional postage to total postage) →						
Certification	The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.					
	The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.					
	I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.					
	Signature of Mailer or Agent		Name of Mailer or Agent		Telephone	
USPS Use Only	Weight of a Single Piece 0 . _____ pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	If "Yes," Reason			Round Stamp (Required)	
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.	Date Mailer Notified	Contact	By (Initials)		
	Verifying Employee's Signature	Verifying Employee's Name		Time AM PM		

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Entry Discount	Presort Discount	Rate per Piece	Number of Pieces	Total
E Presorted Letter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.040 nonmachinable surcharge.</i>				
None	E1. 3/5	.288 x _____	pcs. = \$ _____	
	E2. Basic	.308 x _____	pcs. = \$ _____	
DBMC	E3. 3/5	.267 x _____	pcs. = \$ _____	
	E4. Basic	.287 x _____	pcs. = \$ _____	
DSCF	E5. 3/5	.262 x _____	pcs. = \$ _____	
	E6. Basic	.282 x _____	pcs. = \$ _____	
Total — Part E (Carry to front of form)				\$ _____

F Presorted Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.230 residual shape surcharge.</i>				
None	F1. 3/5	.518 x _____	pcs. = \$ _____	
	F2. Basic	.574 x _____	pcs. = \$ _____	
DBMC	F3. 3/5	.497 x _____	pcs. = \$ _____	
	F4. Basic	.553 x _____	pcs. = \$ _____	
DSCF	F5. 3/5	.492 x _____	pcs. = \$ _____	
	F6. Basic	.548 x _____	pcs. = \$ _____	
Total — Part F (Carry to front of form)				\$ _____

G Presorted Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>As described in DMM P013.8.0, compute and enter the rate for each piece in the "Rate" column. Rates must include \$.230 residual shape surcharge and, if eligible, the \$.030 barcoded discount.</i>				
None	G1. 3/5	\$ _____ x _____	pcs. = \$ _____	
	G2. Basic	\$ _____ x _____	pcs. = \$ _____	
DBMC	G3. 3/5	\$ _____ x _____	pcs. = \$ _____	
	G4. Basic	\$ _____ x _____	pcs. = \$ _____	
DSCF	G5. 3/5	\$ _____ x _____	pcs. = \$ _____	
	G6. Basic	\$ _____ x _____	pcs. = \$ _____	
Total — Part G (Carry to front of form)				\$ _____

Entry Discount	Presort Discount	Rate per Piece	Number of Pieces	Total
H ECR Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.200 residual shape surcharge.</i>				
None	H1. Saturation	.360 x _____	pcs. = \$ _____	
	H2. High Density	.369 x _____	pcs. = \$ _____	
	H3. Basic	.394 x _____	pcs. = \$ _____	
DBMC	H4. Saturation	.339 x _____	pcs. = \$ _____	
	H5. High Density	.348 x _____	pcs. = \$ _____	
	H6. Basic	.373 x _____	pcs. = \$ _____	
DSCF	H7. Saturation	.334 x _____	pcs. = \$ _____	
	H8. High Density	.343 x _____	pcs. = \$ _____	
	H9. Basic	.368 x _____	pcs. = \$ _____	
DDU	H10. Saturation	.328 x _____	pcs. = \$ _____	
	H11. High Density	.337 x _____	pcs. = \$ _____	
	H12. Basic	.362 x _____	pcs. = \$ _____	
Total — Part H (Carry to front of form)				\$ _____

I ECR Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>As described in DMM P013.8.0, compute and enter the rate for each piece in the "Rate" column. Rates must include \$.200 residual shape surcharge.</i>				
None	I1. Saturation	\$ _____ x _____	pcs. = \$ _____	
	I2. High Density	\$ _____ x _____	pcs. = \$ _____	
	I3. Basic	\$ _____ x _____	pcs. = \$ _____	
DBMC	I4. Saturation	\$ _____ x _____	pcs. = \$ _____	
	I5. High Density	\$ _____ x _____	pcs. = \$ _____	
	I6. Basic	\$ _____ x _____	pcs. = \$ _____	
DSCF	I7. Saturation	\$ _____ x _____	pcs. = \$ _____	
	I8. High Density	\$ _____ x _____	pcs. = \$ _____	
	I9. Basic	\$ _____ x _____	pcs. = \$ _____	
DDU	I10. Saturation	\$ _____ x _____	pcs. = \$ _____	
	I11. High Density	\$ _____ x _____	pcs. = \$ _____	
	I12. Basic	\$ _____ x _____	pcs. = \$ _____	
Total — Part I (Carry to front of form)				\$ _____