

**Postage Statement — Nonprofit Standard Mail Subject to Surcharge
Permit Imprint**

Post Office: Note Mail Arrival Time

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

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|--|--|--|---|---|---|
| Mailer Info. | 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 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"/> CMM <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels | Mailing Date | Statement Seq. No. | Number of Containers |
| | Permit No. | | 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 Customized MarketMail (3.3 oz. or less) | | | Total From Part L (On reverse) | |
| | For Special Services Fees (3/5 and Basic rate parcels only) | | | Total From Attached Form 3540-S | |
| | Postmaster: Report total postage in AIC 125. | | | Total Postage (Add lines above) —> | |
| For USPS Use Only: Additional Postage Payment (State reason) | | | | | |
| Postage Computation (DMM P013) | Postmaster: Report total postage in AIC 125. | | | Total Adjusted Postage (Add additional postage to total postage) —> | |
| | | | | | |
| Certification | The mailer's signature certifies that: (1) the mailing complies with DMM E670; (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. § 3626(j)(1)(D)(ii)(I) and 26 U.S.C. § 513(A); (3) the mailing, if made by a voting registration official, is required or authorized by the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. 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. <i>Privacy Notice:</i> For information regarding our Privacy Policy visit www.usps.com . | | | | |
| | 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 | | |
| | Total Pieces | Total Weight | If "Yes," Reason | | |
| | Total Postage | | Round Stamp (Required) | | |
| | Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled | | | | |
| | 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 | Number of Pieces / Pounds | Total |
|---|------------------|--------|---------------------------|------------|
| E Presorted Letter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.020 nonmachinable surcharge.</i> | | | | |
| None | E1. 3/5 | .173 x | _____ pcs. | = \$ _____ |
| | E2. Basic | .185 x | _____ pcs. | = \$ _____ |
| DBMC | E3. 3/5 | .152 x | _____ pcs. | = \$ _____ |
| | E4. Basic | .164 x | _____ pcs. | = \$ _____ |
| DSCF | E5. 3/5 | .147 x | _____ pcs. | = \$ _____ |
| | E6. Basic | .159 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 | .413 x | _____ pcs. | = \$ _____ |
| | F2. Basic | .460 x | _____ pcs. | = \$ _____ |
| DBMC | F3. 3/5 | .392 x | _____ pcs. | = \$ _____ |
| | F4. Basic | .439 x | _____ pcs. | = \$ _____ |
| DSCF | F5. 3/5 | .387 x | _____ pcs. | = \$ _____ |
| | F6. Basic | .434 x | _____ pcs. | = \$ _____ |
| Total — Part F (Carry to front of form) | | | | \$ _____ |

| | | | | |
|---|-----------|--------|------------|------------|
| G Presorted Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.230 residual shape surcharge.</i> | | | | |
| None | G1. 3/5 | .293 x | _____ pcs. | = \$ _____ |
| | plus | .584 x | _____ lbs. | = \$ _____ |
| | G2. Basic | .340 x | _____ pcs. | = \$ _____ |
| | plus | .584 x | _____ lbs. | = \$ _____ |
| DBMC | G3. 3/5 | .293 x | _____ pcs. | = \$ _____ |
| | plus | .484 x | _____ lbs. | = \$ _____ |
| | G4. Basic | .340 x | _____ pcs. | = \$ _____ |
| | plus | .484 x | _____ lbs. | = \$ _____ |
| DSCF | G5. 3/5 | .293 x | _____ pcs. | = \$ _____ |
| | plus | .459 x | _____ lbs. | = \$ _____ |
| | G6. Basic | .340 x | _____ pcs. | = \$ _____ |
| | plus | .459 x | _____ lbs. | = \$ _____ |
| Total — Part G (Carry to front of form) | | | | \$ _____ |
| Subtotal | | | | \$ _____ |
| G7. Subtract Barcoded Discount .030 x _____ pcs. = \$ (_____) | | | | |
| Total — Part G (Carry to front of form) | | | | \$ _____ |

| Entry Discount | Presort Discount | Rate | Number of Pieces / Pounds | 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 | .304 x | _____ pcs. | = \$ _____ |
| | H2. High Density | .310 x | _____ pcs. | = \$ _____ |
| | H3. Basic | .326 x | _____ pcs. | = \$ _____ |
| DBMC | H4. Saturation | .283 x | _____ pcs. | = \$ _____ |
| | H5. High Density | .289 x | _____ pcs. | = \$ _____ |
| | H6. Basic | .305 x | _____ pcs. | = \$ _____ |
| DSCF | H7. Saturation | .278 x | _____ pcs. | = \$ _____ |
| | H8. High Density | .284 x | _____ pcs. | = \$ _____ |
| | H9. Basic | .300 x | _____ pcs. | = \$ _____ |
| DDU | H10. Saturation | .272 x | _____ pcs. | = \$ _____ |
| | H11. High Density | .278 x | _____ pcs. | = \$ _____ |
| | H12. Basic | .294 x | _____ pcs. | = \$ _____ |
| Total — Part H (Carry to front of form) | | | | \$ _____ |

| | | | | |
|---|-------------------|--------|------------|------------|
| I ECR Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.200 residual shape surcharge.</i> | | | | |
| None | I1. Saturation | .228 x | _____ pcs. | = \$ _____ |
| | plus | .370 x | _____ lbs. | = \$ _____ |
| | I2. High Density | .234 x | _____ pcs. | = \$ _____ |
| | plus | .370 x | _____ lbs. | = \$ _____ |
| | I3. Basic | .250 x | _____ pcs. | = \$ _____ |
| | plus | .370 x | _____ lbs. | = \$ _____ |
| DBMC | I4. Saturation | .228 x | _____ pcs. | = \$ _____ |
| | plus | .270 x | _____ lbs. | = \$ _____ |
| | I5. High Density | .234 x | _____ pcs. | = \$ _____ |
| | plus | .270 x | _____ lbs. | = \$ _____ |
| | I6. Basic | .250 x | _____ pcs. | = \$ _____ |
| | plus | .270 x | _____ lbs. | = \$ _____ |
| DSCF | I7. Saturation | .228 x | _____ pcs. | = \$ _____ |
| | plus | .245 x | _____ lbs. | = \$ _____ |
| | I8. High Density | .234 x | _____ pcs. | = \$ _____ |
| | plus | .245 x | _____ lbs. | = \$ _____ |
| | I9. Basic | .250 x | _____ pcs. | = \$ _____ |
| | plus | .245 x | _____ lbs. | = \$ _____ |
| DDU | I10. Saturation | .228 x | _____ pcs. | = \$ _____ |
| | plus | .213 x | _____ lbs. | = \$ _____ |
| | I11. High Density | .234 x | _____ pcs. | = \$ _____ |
| | plus | .213 x | _____ lbs. | = \$ _____ |
| | I12. Basic | .250 x | _____ pcs. | = \$ _____ |
| | plus | .213 x | _____ lbs. | = \$ _____ |
| Total — Part I (Carry to front of form) | | | | \$ _____ |

| | | | | |
|---|-----------|--------|------------|------------|
| L Customized MarketMail Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.230 residual shape surcharge.</i> | | | | |
| None | L1. Basic | .460 x | _____ pcs. | = \$ _____ |
| Total — Part L (Carry to front of form) | | | | \$ _____ |