

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

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.

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"/> 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) ____ / ____ / ____
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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 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)		
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.		

Signature of Mailer or Agent	Name of Mailer or Agent	Telephone
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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.				
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. = \$ _____	
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)				\$ _____