United States Postal Service

Postage Statement — Package Services

(Bound Printed Matter, Library Mail, Media Mail, Parcel Post, and Parcel Select)

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

Use this form for all Package Services. Only Library Mail and Media Mail may be combined.

Mailer

Permit Holder's Name and Address and Email Address If Any: X

Telephone: X

CAPS Cust. Ref. No.: X

Customer No.: X

Name and Address of Mailing Agent *(If other than permit holder)*: X

Telephone: X

Customer No.: X

Name and Address of Individual or Organization for Which Mailing Is Prepared *(If other than permit holder)*: X

Customer No.: X

Mailing

Post Office of Mailing: X

Type of Postage: [X] Permit Imprint [X] Metered

Processing Category: [X] Flats [X] Parcels

Mailing Date: X

Federal Agency Cost Code: X

Statement Seq.No.: X

No. & Type of Containers: 0.000

Permit #: X

Packaging Based on: [X] Piece Count [X] Weight [X] Both

Weight of a Single Piece: 0.000 pounds

Total Pieces: 0.000

If Sacked, Based on: [X] Piece Count [X] 20 Pounds

Total Weight: 0.000

For Barcoded Rate Pieces, Enter Date of Address Matching and Coding: X

Postage

Parts Completed *(Select all that apply)* [X] A [X] B [X] C [X] D & E [X] S	
Total Postage *(Add parts totals)*	0.00
Price at Which Postage Affixed *(Check one)* Complete if the mailing includes pieces bearing metered or precanceled stamps. [X] Correct [X] Lowest [X] Neither 0.00 pcs. x $. 0.00 = **Postage Affixed**	0.00
Net Postage Due *(Subtract postage affixed from total postage)*	0.00
For USPS Use Only: Additional Postage Payment *(State reason)*	
(Add additional payment to net postage due and total in box for affixed or permit imprint - choose one only) **Total Adjusted Postage Affixed**	
Postmaster: Report Total Postage in Applicable AIC (Permit imprint only) — **AIC 131** **Total Adjusted BPM Postage Permit Imprint**	
AIC 124 **Total Adjusted Media Mail/Lib. Mail Postage Permit Imprint**	
AIC 223 **Total Adjusted Parcel Post/Select Postage Permit Imprint**	

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.

Privacy Notice: For information regarding our Privacy Policy visit *www.usps.com*

Signature of Mailer or Agent

Name of Mailer or Agent: X

Telephone: X

USPS Use Only

Weight of a Single Piece: ____ ____ . ____ ____ ____ ____ pounds

Total Pieces

Total Weight

Total Postage

Presort Verification Performed? *(Check One)* [ ] Yes [ ] No

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; (4) payment of annual fee; and (5) sufficient funds on deposit *(if required)*

USPS Employee's Signature

Is figure at left adjusted from mailer's entries? [ ] Yes [ ] No

If "Yes," Reason

Date Mailer Notified

Contact

By *(Initials)*

Print USPS Employee's Name

Time AM PM

Round Stamp *(Required)* Date Mail Released