



P.O. Box 12847 Austin, Texas 78711 ♦ (877) 542-2474 ♦ (512) 463-7476 ♦  
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)  
 www.TexasAgriculture.gov

**Texas Department of Agriculture**  
**Quarterly Egg Report**

**REG-202**

COMMISSIONER SID MILLER

*(For Licensees Purchasing and Selling Graded Eggs Only)*

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Full Legal Business Name	
	TDA Client No.	TDA License No.

<b>SEC B</b>	<b><sup>1</sup> REPORT DATES</b>	
	From     /     / month   day   year	To:     /     / month   day   year

<b>SECTION C</b>	<b><sup>1</sup> LIST SUPPLIERS/PRODUCERS AND/OR FIRMS FROM WHOM EGGS BOUGHT OF PRODUCED</b>						
	Texas Egg License No	Company Name	Address	City	State	Cases of Eggs Bought from Unlicensed Dealers or Brokers	Cases of Eggs Bought as Graded from Licensed Dealers or Brokers
For additional items use "Schedule A"			<b>TOTALS (Including Schedules)</b>		(A)	(B)	

<b>SECTION D</b>	<b><sup>1</sup> LIST BREAKER/OTHER LICENSED DEALER-WHOLESALE SALES TO WHOM EGGS SOLD</b>					
	Texas Egg License No.	Company Name	Address	City	State	No. Graded Cases Sold
For additional items use "Schedule B"			<b>TOTALS (Including Schedules)</b>			

**This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004.)**

<b>SECTION E</b>	<b><sup>1</sup> SALES CALCULATION – REPORT NUMBER OF CASES – 1 CASE = 30 DOZEN EGGS</b>	
	(1) Beginning Inventory	
	(2) Total Purchases = (A) + (B)	
	(3) Quarterly Inventory = (1) + (2)	
	(4) Ending Inventory	
	(5) Total Egg Sales = (3) – (4)	

<b>SECTION F</b>	<b><sup>1</sup> SIGNATURE</b>	
	I hereby declare this report is true, correct and complete to the best of my knowledge.	
	Preparer Printed Name	Phone (     )     -     Ext.
	Preparer Title	Date     /     / month day year
	Preparer Email	
Preparer Signature		

<b>SECTION G</b>	<b><sup>1</sup> CHECKLIST</b>
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <p><input type="checkbox"/> Quarterly Egg Report</p> <p><input type="checkbox"/> Egg Schedule A (if necessary)</p> <p><input type="checkbox"/> Egg Schedule B (if necessary)</p> <p style="text-align: center;"><b>Please note that an incomplete report may result in processing delays.</b></p>