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COMMISSIONER SID MILLER

Texas Department of Agriculture
Monthly Egg Report for Dealer-Wholesaler

REG-203

SECTION A	¹ VERIFICATION INFORMATION	
	Full Legal Business Name	
	TDA Client No.	TDA License No.

SECTION B	¹ REPORT DATES	
	From / / month day year	To / / month day year

SECTION C	¹ LIST SUPPLIER/PRODUCER FROM WHOM EGGS BOUGHT OR PRODUCED (IF SELF-PRODUCED, LIST YOUR NAME)						
	Texas Egg License No.	Company Name	Address	City	State	No. Ungraded Cases Bought or Produced	No. Graded Cases Bought or Produced
	For additional items use "Schedule A"					TOTALS (Including Schedules)	

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

This document 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 552.021, 552.023, and 559.004.)

¹ SALES CALCULATIONS – REPORT NUMBER OF CASES – 1 CASE = 30 DOZEN EGGS		
SECTION E	Note 1 Do you purchase and or sell graded eggs? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete items 1 thru 5 ONLY .	
		(1) Beginning Inventory
		(2) Total Purchases = (A) + (B)
		(3) Monthly Inventory = (1) + (2)
		(4) Ending Inventory
		(5) Total Egg Sales (3) – (4)
	Note 2 If you produce, and/or sell eggs (Graded or Ungraded), complete items 1 thru 10.	
		(6) Ungraded Sales = (C)
		(7) Graded Sales = (5) – (6)
		(8) Graded Purchases = (B)
	(9) Cases subject to inspection fee = (7) – (8)	
	(10) Inspection fee due = (9) x \$0.04	

¹ PAYMENT		
SECTION F	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
	TDA USA ONLY	Receipt No.
		Date Receipt Issued

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

¹ CHECKLIST		
SECTION H	Please use this checklist to ensure you are sending all of the necessary information and documents.	
	<input type="checkbox"/> Monthly Egg Report for Dealer-Wholesaler	
	<input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee)	
	<input type="checkbox"/> Egg Schedule A (if necessary)	
	<input type="checkbox"/> Egg Schedule B (if necessary)	
Please note that an incomplete report may result in processing delays.		