

**Postage Statement — Standard Mail — Easy
Nonautomation Letters or Flats — Permit Imprint**

This form may be used only for a single nonautomation rate mailing of identical-weight pieces paid with permit imprint. All other mailings must use the appropriate version of PS Form 3602. Checklists and other tools for mailers are available on the Postal Explorer Web site at <http://pe.usps.gov> (click on "Business Mail 101").

General Information	Permit Holder's Name and Address, and Email Address If Any	Telephone	Permit No.	Federal Agency Cost Code	Weight of a Single Piece 0 _____ pound
			Mailing Date	Statement Seq. No.	If Sacked, Based on <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs.
			Post Office of Mailing		Number of Containers
			Processing Category (DMM C050) <input type="checkbox"/> Letters <input type="checkbox"/> Flats		Total Pieces Total Weight

Postage Computation (DMM P013)	Presorted Letters and Flats — 3.3 oz. (0.2063 lb.) or Less					Presorted Nonmachinable Letters — 3.3 oz. (0.2063 lb.) or Less											
	Entry Discount	Presort Discount	Rate	Number of Pieces	Total	Entry Discount	Presort Discount	Rate	Number of Pieces	Total							
	None	B1. 3/5 Letter	.248 x _____	pcs. = \$ _____	↓	←	None	E1. 3/5 Letter	.288 x _____	pcs. = \$ _____	↓						
		B2. Basic Letter	.268 x _____	pcs. = \$ _____				E2. Basic Letter	.308 x _____	pcs. = \$ _____							
		B3. 3/5 Flat	.288 x _____	pcs. = \$ _____				DBMC E3. 3/5 Letter	.267 x _____	pcs. = \$ _____							
		B4. Basic Flat	.344 x _____	pcs. = \$ _____				E4. Basic Letter	.287 x _____	pcs. = \$ _____							
	DBMC	B5. 3/5 Letter	.227 x _____	pcs. = \$ _____			↓	←	DSCF	E5. 3/5 Letter		.262 x _____	pcs. = \$ _____	↓			
		B6. Basic Letter	.247 x _____	pcs. = \$ _____						E6. Basic Letter		.282 x _____	pcs. = \$ _____				
		B7. 3/5 Flat	.267 x _____	pcs. = \$ _____													
		B8. Basic Flat	.323 x _____	pcs. = \$ _____													
	DSCF	B9. 3/5 Letter	.222 x _____	pcs. = \$ _____													
		B10. Basic Letter	.242 x _____	pcs. = \$ _____													
		B11. 3/5 Flat	.262 x _____	pcs. = \$ _____													
		B12. Basic Flat	.318 x _____	pcs. = \$ _____													
Postmaster: Report total postage in AIC 130 .			\$	Total Postage					\$								
For USPS Use Only: Additional Postage Payment (State reason)																	
Postmaster: Report total adjusted postage in AIC 130 .			Total Adjusted Postage (Add additional postage to total postage)														

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.

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.		Date Mailer Notified	Contact
Verifying Employee's Signature		Verifying Employee's Name	Time AM PM