

**International Inbound Standard Mail With Residual Shape Surcharge—
Permit Imprint**

Use this form *only* for pieces subject to the residual shape surcharge. Use Form 3602-R for letters and flats.

Mailer Information	Permit Holder's Name and Address, and Email If Any	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)
	CAPS Cust. Ref. ID _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing Info.	Post Office of Mailing	Processing Category (DMM C050) <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels	Mailing Date	Federal Agency Cost Code	Statement Seq. No.	Number of Containers
	Permit No.		Weight of a Single Piece 0 _____ pounds		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	

Postage Computation (DMM P013)	For Presorted Nonletters		Total From Part E (On reverse)			
	For Enhanced Carrier Route (ECR) Pieces	Sequencing Date:	Total From Part F (On reverse)			
	For All Other Pieces		Total From Part G (On reverse)			
	For Residual Shape Surcharge for 3/5 and Basic		Number of Pieces	Fee per Piece x \$0.18		
	For Residual Shape Surcharge for Enhanced Carrier Route		Number of Pieces	Fee per Piece x \$0.15		
	For Special Services and Other Fees (3/5 and Basic only)		Total From Attached Form 3540-S			
	Subtotal (Add lines above) →					
	Barcoded Discount (3/5 and Basic machinable parcels only)		Number of Pieces	x \$0.03		
	Postmaster: Report total postage in AIC 240.		Total Postage (Subtract barcoded discount from subtotal) →			
	For USPS Use Only: Additional Postage Payment (State reason)					
Postmaster: Report total adjusted postage in AIC 240.		Total Adjusted Postage (Add additional postage to total postage) →				

Certification	<p>The signature of a mailer certifies that he or she will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that he or she is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)</p> <p>I hereby certify that all information furnished on this form is accurate, truthful, and complete; that this mailing meets all applicable CASS/MASS standards including but not limited to those for completion of PS Form 3553 and address and barcode accuracy; that the material presented qualifies for the rates of postage claimed; and that this mailing does not contain any hazardous materials prohibited by postal regulations.</p>		<p>I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).</p> <p><input type="checkbox"/> For ZIP Codes (Presorted rates only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.</p>	
	Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)			Telephone

USPS Use Only	Weight of a Single Piece 0 _____ pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No			Round Stamp (Required)	
	Total Pieces	Total Weight	If "Yes," Reason			
	Total Postage					
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified	Contact		By (Initials)
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate 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 per Piece	Number of Pieces	Total		Entry Discount	Presort Discount	Rate	Number of Pieces / Pounds	Total
E Presorted Rates — Pieces 3.3 Oz. (0.2063 Lb.) or Less						G All Other Pieces More Than 3.3 Oz. (0.2063 Lb.)				
None	E1. 3/5 Nonletter	.266 x _____	pcs. = \$ _____		None	G1. Saturation ECR	.017 x _____	pcs. = \$ _____		
	E2. Basic Nonletter	.322 x _____	pcs. = \$ _____			plus	.638 x _____	lbs. = \$ _____		
DBMC	E3. 3/5 Nonletter	.247 x _____	pcs. = \$ _____		G2. High Density ECR	.024 x _____	pcs. = \$ _____			
	E4. Basic Nonletter	.303 x _____	pcs. = \$ _____		plus	.638 x _____	lbs. = \$ _____			
DSCF	E5. 3/5 Nonletter	.242 x _____	pcs. = \$ _____		G3. Basic ECR	.046 x _____	pcs. = \$ _____			
	E6. Basic Nonletter	.298 x _____	pcs. = \$ _____		plus	.638 x _____	lbs. = \$ _____			
Total — Part E (Carry to front of form)					\$ _____	DBMC	G6. Saturation ECR	.017 x _____	pcs. = \$ _____	
F ECR Rates — Pieces 3.3 Oz. (0.2063 Lb.) or Less						plus	.545 x _____	lbs. = \$ _____		
None	F1. Saturation Nonletter	.149 x _____	pcs. = \$ _____		G7. High Density ECR	.024 x _____	pcs. = \$ _____			
	F2. High Density Nonletter	.156 x _____	pcs. = \$ _____		plus	.545 x _____	lbs. = \$ _____			
	F3. Basic Nonletter	.178 x _____	pcs. = \$ _____		G8. Basic ECR	.046 x _____	pcs. = \$ _____			
DBMC	F4. Saturation Nonletter	.130 x _____	pcs. = \$ _____		plus	.545 x _____	lbs. = \$ _____			
	F5. High Density Nonletter	.137 x _____	pcs. = \$ _____		G9. 3/5 Presorted	.128 x _____	pcs. = \$ _____			
	F6. Basic Nonletter	.159 x _____	pcs. = \$ _____		plus	.575 x _____	lbs. = \$ _____			
DSCF	F7. Saturation Nonletter	.125 x _____	pcs. = \$ _____		G10. Basic Presorted	.184 x _____	pcs. = \$ _____			
	F8. High Density Nonletter	.132 x _____	pcs. = \$ _____		plus	.575 x _____	lbs. = \$ _____			
	F9. Basic Nonletter	.154 x _____	pcs. = \$ _____		DSCF	G11. Saturation ECR	.017 x _____	pcs. = \$ _____		
DDU	F10. Saturation Nonletter	.120 x _____	pcs. = \$ _____		plus	.524 x _____	lbs. = \$ _____			
	F11. High Density Nonletter	.127 x _____	pcs. = \$ _____		G12. High Density ECR	.024 x _____	pcs. = \$ _____			
	F12. Basic Nonletter	.149 x _____	pcs. = \$ _____		plus	.524 x _____	lbs. = \$ _____			
Total — Part F (Carry to front of form)					\$ _____	G13. Basic ECR	.046 x _____	pcs. = \$ _____		
						plus	.524 x _____	lbs. = \$ _____		
						G14. 3/5 Presorted	.128 x _____	pcs. = \$ _____		
						plus	.554 x _____	lbs. = \$ _____		
						G15. Basic Presorted	.184 x _____	pcs. = \$ _____		
						plus	.554 x _____	lbs. = \$ _____		
						DDU	G16. Saturation ECR	.017 x _____	pcs. = \$ _____	
						plus	.498 x _____	lbs. = \$ _____		
						G17. High Density ECR	.024 x _____	pcs. = \$ _____		
						plus	.498 x _____	lbs. = \$ _____		
						G18. Basic ECR	.046 x _____	pcs. = \$ _____		
						plus	.498 x _____	lbs. = \$ _____		
Total — Part G (Carry to front of form)					\$ _____					