

**Postage Statement — Standard Mail Subject to Surcharge
Permit Imprint**

Post Office: Note Mail Arrival Time

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

Mailer Info.	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)		Mailing Date	Federal Agency Cost Code	Statement Seq. No.	Number of Containers	
	Permit No.	<input type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels		Weight of a Single Piece		Total Pieces		
	For Mail Enclosed Within Another Class			If Sacked, Based on			Total Weight	
	<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			<input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both				
				For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0)		For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing (DMM M050.4.0)		

Postage Computation (DMM P013)	For Presorted Letters	Total From Part E (On reverse)	
	For Presorted Nonletters (3.3 oz. or less)	Total From Part F (On reverse)	
	For Presorted Nonletters (More than 3.3 oz.)	Total From Part G (On reverse)	
	For Enhanced Carrier Route Nonletters (3.3 oz. or less)	Total From Part H (On reverse)	
	For Enhanced Carrier Route Nonletters (More than 3.3 oz.)	Total From Part I (On reverse)	
	For Customized MarketMail (3.3 oz. or less)	Total From Part L (On reverse)	
	For Special Services Fees (3/5 and Basic rate parcels only)	Total From Attached Form 3540-S	
	Postmaster: Report total postage in AIC 130.		Total Postage (Add lines above) →
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. <i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i>		
Signature of Mailer or Agent		Name of Mailer or Agent	Telephone

USPS Use Only	Weight of a Single Piece		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	0 . _____ pound		If "Yes," Reason		
	Total Pieces	Total Weight			
	Total Postage				
	Check One		Date Mailed Notified	Contact	By (Initials)
	<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.					
Verifying Employee's Signature		Verifying Employee's Name		Time	AM PM

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Entry Discount	Presort Discount	Rate	Number of Pieces / Pounds	Total
E Presorted Letter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.040 nonmachinable surcharge.</i>				
None	E1. 3/5	.288 x _____	pcs. = \$ _____	
	E2. Basic	.308 x _____	pcs. = \$ _____	
DBMC	E3. 3/5	.267 x _____	pcs. = \$ _____	
	E4. Basic	.287 x _____	pcs. = \$ _____	
DSCF	E5. 3/5	.262 x _____	pcs. = \$ _____	
	E6. Basic	.282 x _____	pcs. = \$ _____	
Total — Part E (Carry to front of form)				\$ _____

F Presorted Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.230 residual shape surcharge.</i>				
None	F1. 3/5	.518 x _____	pcs. = \$ _____	
	F2. Basic	.574 x _____	pcs. = \$ _____	
DBMC	F3. 3/5	.497 x _____	pcs. = \$ _____	
	F4. Basic	.553 x _____	pcs. = \$ _____	
DSCF	F5. 3/5	.492 x _____	pcs. = \$ _____	
	F6. Basic	.548 x _____	pcs. = \$ _____	
Total — Part F (Carry to front of form)				\$ _____

G Presorted Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.230 residual shape surcharge.</i>				
None	G1. 3/5	.372 x _____	pcs. = \$ _____	
	plus	.708 x _____	lbs. = \$ _____	
	G2. Basic	.428 x _____	pcs. = \$ _____	
	plus	.708 x _____	lbs. = \$ _____	
DBMC	G3. 3/5	.372 x _____	pcs. = \$ _____	
	plus	.608 x _____	lbs. = \$ _____	
	G4. Basic	.428 x _____	pcs. = \$ _____	
	plus	.608 x _____	lbs. = \$ _____	
DSCF	G5. 3/5	.372 x _____	pcs. = \$ _____	
	plus	.583 x _____	lbs. = \$ _____	
	G6. Basic	.428 x _____	pcs. = \$ _____	
	plus	.583 x _____	lbs. = \$ _____	
Subtotal				\$ _____
G7. Subtract Barcoded Discount .030 x _____				pcs. = \$ (_____)
Total — Part G (Carry to front of form)				\$ _____

Entry Discount	Presort Discount	Rate	Number of Pieces / Pounds	Total
H ECR Nonletter Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rates include \$.200 residual shape surcharge.</i>				
None	H1. Saturation	.360 x _____	pcs. = \$ _____	
	H2. High Density	.369 x _____	pcs. = \$ _____	
	H3. Basic	.394 x _____	pcs. = \$ _____	
DBMC	H4. Saturation	.339 x _____	pcs. = \$ _____	
	H5. High Density	.348 x _____	pcs. = \$ _____	
	H6. Basic	.373 x _____	pcs. = \$ _____	
DSCF	H7. Saturation	.334 x _____	pcs. = \$ _____	
	H8. High Density	.343 x _____	pcs. = \$ _____	
	H9. Basic	.368 x _____	pcs. = \$ _____	
DDU	H10. Saturation	.328 x _____	pcs. = \$ _____	
	H11. High Density	.337 x _____	pcs. = \$ _____	
	H12. Basic	.362 x _____	pcs. = \$ _____	
Total — Part H (Carry to front of form)				\$ _____

I ECR Nonletter Rates — Pieces More Than 3.3 oz. (0.2063 lb.) <i>Piece rates include \$.200 residual shape surcharge.</i>				
None	I1. Saturation	.234 x _____	pcs. = \$ _____	
	plus	.610 x _____	lbs. = \$ _____	
	I2. High Density	.243 x _____	pcs. = \$ _____	
	plus	.610 x _____	lbs. = \$ _____	
	I3. Basic	.268 x _____	pcs. = \$ _____	
	plus	.610 x _____	lbs. = \$ _____	
DBMC	I4. Saturation	.234 x _____	pcs. = \$ _____	
	plus	.510 x _____	lbs. = \$ _____	
	I5. High Density	.243 x _____	pcs. = \$ _____	
	plus	.510 x _____	lbs. = \$ _____	
	I6. Basic	.268 x _____	pcs. = \$ _____	
	plus	.510 x _____	lbs. = \$ _____	
DSCF	I7. Saturation	.234 x _____	pcs. = \$ _____	
	plus	.485 x _____	lbs. = \$ _____	
	I8. High Density	.243 x _____	pcs. = \$ _____	
	plus	.485 x _____	lbs. = \$ _____	
	I9. Basic	.268 x _____	pcs. = \$ _____	
	plus	.485 x _____	lbs. = \$ _____	
DDU	I10. Saturation	.234 x _____	pcs. = \$ _____	
	plus	.453 x _____	lbs. = \$ _____	
	I11. High Density	.243 x _____	pcs. = \$ _____	
	plus	.453 x _____	lbs. = \$ _____	
	I12. Basic	.268 x _____	pcs. = \$ _____	
	plus	.453 x _____	lbs. = \$ _____	
Total — Part I (Carry to front of form)				\$ _____

L Customized MarketMail Rates — Pieces 3.3 oz. (0.2063 lb.) or Less <i>Rate includes \$.230 residual shape surcharge.</i>				
None	L1. Basic	.574 x _____	pcs. = \$ _____	
Total — Part L (Carry to front of form)				\$ _____