



# COTTON ACREAGE REPORTING FORM

Boll Weevil Eradication Program

Revenue Code: 814-02-09060

|                                |                                       |
|--------------------------------|---------------------------------------|
| Name & Address: (PLEASE PRINT) | Social Security or FIN #              |
|                                | Phone:                                |
|                                | Program Year:                         |
|                                | County :<br>(where cotton is planted) |

**TOTAL ACRES:** \_\_\_\_\_ **\*ATTACH ITEMIZED FSA ACREAGE REPORTS\***

I certify to the best of my knowledge and belief that the total acreage of cotton listed herein is true and correct.

Grower=s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT DUE JULY 1

A. Total acres..... \_\_\_\_\_

B. Amount due (total acres X fee per acre)..... \_\_\_\_\_

C. Assessment for late payment after July 1 (acres X \$10.00)..... \_\_\_\_\_

**TOTAL PAID (B+C)**..... \_\_\_\_\_

(FSA Office) Fee Collected By:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Check No. \_\_\_\_\_