



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 : (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. _____