## Postage Statement - Nonprofit 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


The mailer's signature certifies that: (1) the mailing complies with DMM E670; (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. § $3626(\mathrm{j})(1)(\mathrm{D})(\mathrm{ii})(\mathrm{I})$ and 26 U.S.C. § $513(\mathrm{~A})$; (3) the mailing, if made by a voting registration official, is required or authorized by the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. 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 Maile |  | Telephone |
| :---: | :---: | :---: | :---: | :---: |
| Weight of a Single Piece <br> 0 $\qquad$ pound | Are figures at left adjusted from mailer's entries? Yes No If "Yes," Reason |  |  |  |
| Total Pieces Total Weight |  |  |  |  |
| Total Postage |  |  |  | Round Stamp (Required) |
| Check One Presort Verification Presort Verification Not Scheduled Performed as Scheduled | Date Mailer Notified | Contact | By (Initials) |  |
| 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' | Name | Time AM <br>  PM |  |

