

<p>MQ-79 (CF&B) (01-08-04)</p> <p style="text-align: center;">BUYER'S RECORD</p>	<p style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency</p>	<p>1. DEALER NAME AND ADDRESS (Including Zip Code)</p> <p>TELEPHONE NO. (Including Area Code):</p>	<p>2. MARKETING YEAR (YYYY)</p> <p>3. WEEK ENDING (MM-DD-YYYY)</p>	
		<p>4. DEALER REGISTRATION NO.</p>	<p>5. KIND OF TOBACCO</p>	<p>6. PENALTY RATE</p> <p style="text-align: center;">\$</p>

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 430, and 7 CFR Part 723 which provide that tobacco producers report nonauction purchases and collections of contributions to the No Net Cost Tobacco Account. Persons failing to keep records as required or filing a false report or record shall be subject to a \$500 fine for each offense, and under U.S. Criminal Statutes subject to a fine of not more than \$10,000 or imprisonment for not more than 5 years or both. This information may be provided to other agencies responsible for enforcing the provisions of the Act, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, and agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0182. The time required to complete this information collection is estimated to range from 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO THE WISCONSIN STATE FSA OFFICE, 8030 EXCELSIOR DRIVE, MADISON, WI 53717-2906.**

7. PURCHASE DATE (MM-DD-YYYY)	8. STATE AND COUNTY CODE	9. FSN	10. NAME OF FARM OPERATOR	11. NAME AND ADDRESS OF SELLER IF TOBACCO IS BEING SOLD BY PERSON OTHER THAN FARM OPERATOR	12. MQ-76 NUMBER	13. POUNDS PURCHASED	14. NNC PRODUCER AMOUNT	15. PENALTY AMOUNT (Dollars)
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
16. WEEK TOTALS							\$	\$

<p>17. Make check payable to CCC in the amount of the combined "Week Totals" shown in Item 16.</p> <p>\$</p>	<p>18. Is check enclosed?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p><i>I certify that this is a true and correct report of tobacco acquired from producers by or for me and of NNC fees and penalties collected during the week ending indicated above:</i></p>	
		<p>19. Date (MM-DD-YYYY)</p>	<p>20. Signature of Buyer</p>