

# Corn Checkoff Refund Application

Indiana corn producers are joining together to promote the development of Indiana's corn industry as stated in Chapter 15-4-10 of the Indiana Code. In compliance with Indiana law, a checkoff assessment of 1/2-cent (\$0.005) shall be collected on each bushel of corn **marketed in the state of Indiana**. The checkoff requirements do not apply to popcorn, seed corn, or sweet corn. Should you decide not to support the corn checkoff program, a refund will be issued.

## INSTRUCTIONS

- This refund application must be filled out completely.
- Proof of the checkoff assessment (i.e. copy of settlement sheets) must accompany the refund application. Valid proof will show the Name of the Purchaser, Date of Deduction, and Amount of Deduction.
- This application must be postmarked within **180 days** following the Date of Deduction of the checkoff.
- *Failure to comply with these requirements may result in delay or denial of your refund. Incomplete forms or requests submitted without appropriate documentation will be returned to you with instructions for resubmitting.*
- Refunds will be paid within 30 days of when the completed form and proof of assessment have been received.
- Return a copy of this form along with a copy of a valid proof of assessment to the: **Indiana Corn Marketing Council, P.O. Box 68804, Indianapolis, IN 46268-0804** OR fax copies to 317-347-3628. Please keep a copy for your records. Documentation will NOT be returned. Additional copies of this form can be found at [www.incorn.org](http://www.incorn.org)

### Please Print

Name of Producer (must match name on proof of assessment) \_\_\_\_\_

Social Security Number or Federal Tax ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

*A Social Security Number or Federal Tax ID Number must be supplied under IRC § 6109 for the purpose of filing a form 1099 and for no other purpose.*

Complete Name & Location of First Purchaser <small>(Attach separate sheet if necessary)</small>	Date of Deduction	Amount of Deduction	Amount of Request
<b>TOTAL</b>			

I hereby certify, under penalty of law, that this request is true and correct, and that no other request for refund is being filed with respect to these specific commodities sold.

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

Mail to:  
 Indiana Corn Marketing Council  
 P.O. Box 68804  
 Indianapolis, IN 46268-0804

Or Fax to:  
 Fax: 317-347-3628  
 Phone: 1-877-CORN-444 (877-267-6444)