Return by December 15, 2025 with Schedule B

Please circle the units for this report:

Pounds 50# units 60# bushels

2025 Single Season Use Sales Report Form

Seed Associate: _____

Customer Name*	Business Name* (If applicable)	Mailing Address*	Phone Number	Email	SSU Variety Purchased*	Units Purchased*

*Indicate required field.

Please submit form to: Kansas Wheat Alliance
1990 Kimball Avenue, Suite 200
Manhattan, KS 66502
Email: bryson@kswheatalliance.com
Fax: (785) 539-8946

I hereby certify that the above information represents all sales of SSU varieties and is true, correct, and complete:

Signature: _____ Printed Name: _____

Date: _____ Title: _____

*If more space is needed, fill out as many forms as needed and sign the last one.