

AgriStability
AgriInvest

2018 Statement A

Corporation/Co-operative and Special Individual

Participant information

Participant identification		
First name/Entity name		
Last name		
Address		
City/Town	Prov/Terr	Postal code
Telephone number	Fax number	
Email address		
Participant Identification Number (PIN)	Note: You must enter your PIN unless you have not been assigned one.	
Social Insurance Number (SIN)		
Business number		
Trust number		
Band number		
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French		

Contact person information		
If you would like someone else to provide additional information on your behalf, provide all details in the contact person section. This applies only to the AgriStability and AgriInvest programs.		
If you have a contact person check here: <input type="checkbox"/>		
First name		
Last name		
Business name		
Address		
City/Town	Prov/Terr	Postal code
Telephone number	Fax number	
Do you want a copy of your Calculation of Program Benefits (COB) for the AgriStability program sent to your contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: If you have a contact person, you must complete this section each time you submit this form. The AgriStability and AgriInvest Administration will replace any previous contact person you may have designated with the name you provide here.		
By providing a contact person's name, you are authorizing both the AgriStability and AgriInvest Administration to receive information from and to disclose information to the contact person, and to make changes to your applications as directed by the contact person.		

Your farming information	
Province/Territory of main farmstead	<input type="text"/>
Number of years this operation has farmed	<input type="text"/>
Was 2018 your final year of farming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed a production cycle on at least one of the commodities you produced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "no" to the above question, were you unable to complete a production cycle due to disaster circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Federal public office holder or employee of AAFC	
Are you, or anyone who participated in the preparation of this form on your behalf, a current or former federal public office holder or employee of Agriculture and Agri-Food Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Farm type		
(check all the applicable boxes)		
<input type="checkbox"/> Corporation	Year	Month
<input type="checkbox"/> Co-operative	Date of incorporation	Day
<input type="checkbox"/> Communal organization	<input type="checkbox"/> Status Indian farming on a reserve	
<input type="checkbox"/> Member of a partnership	<input type="checkbox"/> Band farm	
<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Trust	
If this form is for a deceased person, enter the date of death.		
	Year	Month
		Day

Other farming information	
Location of main farmstead, indicate your district, county or municipality name and number:	
Yukon and British Columbia - district New Brunswick and Nova Scotia - county Manitoba - municipality	
District/County/Municipality name	<input type="text"/>
District/County/Municipality number	<input type="text"/>
Combined operations:	
Based on the AgriStability combining criteria outlined in the guide, should this operation be combined with another operation for the 2018 program year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: If you were combined in your last year of participation, you will automatically be combined for 2018, unless you answer "No" to the above question.	
If you should be combined in the 2018 program year, or were previously but should no longer be combined, indicate the PIN(s) that should be added or removed from your whole farm.	
<input type="text"/>	<input type="text"/>
Add <input type="checkbox"/>	Remove <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Add <input type="checkbox"/>	Remove <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
Add <input type="checkbox"/>	Remove <input type="checkbox"/>

2018 Statement A

Corporation/Co-operative and Special Individual

PIN:

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Expenses

Enter the applicable code for each entry on the form. The codes are listed in the Commodity list and in the Program payment lists included in the Harmonized Guide.

Round all expense amounts to the nearest dollar.

Commodity purchases and repayment of program benefits	Code	Amount
Point of sale adjustments	575	
Total C	9960	\$

Allowable expenses	Line	Amount
Containers and twine	9661	
Fertilizers and soil supplements	9662	
Pesticides and chemical treatments	9663	
Insurance premiums (crop or production)	9665	
Veterinary fees, medicine, and breeding fees	9713	
Minerals and salts	9714	
Machinery (gasoline, diesel fuel, oil)	9764	
Electricity	9799	
Freight and shipping	9801	
Heating fuel	9802	
Arm's length salaries	9815	
Storage/drying	9822	
Commissions and levies	9836	
Private insurance premiums for allowable commodities	9953	
Total D		\$

Non-allowable expenses	Line	Amount
Machinery (repairs, licenses, insurance)	9760	
Machinery lease/rental	9765	
Advertising and promotion costs	9792	
Building and fence repairs	9795	
Land clearing and draining	9796	
Agricultural contract work	9798	
Other insurance premiums	9804	
Interest (real estate, mortgage, other)	9805	
Memberships/subscription fees	9807	
Office expenses	9808	
Legal and accounting fees	9809	
Property taxes	9810	
Rent (land, buildings, pastures)	9811	
Non-arm's length salaries	9816	
Motor vehicle expenses	9819	
Small tools	9820	
Soil testing	9821	
Licenses/permits	9823	
Telephone	9824	
Quota rental (tobacco, dairy)	9825	
Gravel	9826	
Purchases of commodities resold	9827	
Motor vehicle interest and leasing costs	9829	
Capital cost allowance	9936	
Mandatory inventory adjustments - prior year	9937	
Optional inventory adjustments - prior year	9938	
Other (specify):	9896	
Total E		\$

Summary of expenses		
Total C		
Total D	+	
Total E	+	
Total expenses (enter on line 9968 on page 4)		\$

Statement of farming activities (if applicable)

Other items		Amount
Gross farming income (enter total from "Summary of income" on page 2)	9959	
Minus: Total expenses (enter total from "Summary of expenses" on page 3)	9968	-
Net income (or loss) before adjustments (line 9959 minus line 9968)	9969	=
Add: Optional inventory adjustments - current year (if applicable)	9941	
Mandatory inventory adjustments - current year (if applicable)	9942	+
Total =		
Net income (or loss) after adjustments	9944	=
Net farming income (or loss)	9946	

Shareholder/Member information

Name of shareholder/member	AgriStability/AgrInvest Participant Identification Number (PIN)									

Partnership information

Partnership name																																																	
<p>Note: Enter a Participant Identification Number (PIN) for each of your partners. Enter the first and last names for individual partners. Enter the corporation's name for corporate partners. Your partnership's total shares must equal 100%.</p>																																																	
Your % share of the partnership <input type="text"/>																																																	
AgriStability and AgrInvest PIN										Individual's first name										Individual's last name										Corporation name										% share									

Confidential information and participant consent

Agriculture and Agri-Food Canada (AAFC) and the Canada Revenue Agency (CRA) are committed to protecting the privacy of your information. The information on this Statement A (hereafter this form), which includes Statement B where you have other farming operations, including your Social Insurance Number (SIN) and Participant Identification Number (PIN) is collected under the authority of Section 4 of the *Farm Income Protection Act (FIPA)* and will be used exclusively for the purposes of:

- administering your participation in the AgriStability and AgrilInvest programs;
- determining your eligibility for benefits;
- verifying the information submitted;
- issuing tax receipts;
- administering benefits under other farm income and special assistance programs; and
- for purposes of audit, analysis, and evaluation of the AgriStability and AgrilInvest and other farm income and special assistance programs by the Administration, AAFC, the provincial or territorial governments or third parties engaged for that purpose.

By completing this form you authorize the Administration, the provincial and territorial governments, administrators of other farm income and special assistance programs, and third parties possessing information relevant to the administration of, and your participation in, the AgriStability and AgrilInvest programs to share such information with AAFC.

All applicants except Status Indians and Band farms: by completing this form, you authorize the CRA to share information from this form with AAFC, and you authorize AAFC, where relevant, to share the information on the form and any additional information that is provided as the application is processed, with the CRA, the Administration, provincial and territorial governments and with the administrators of other federal/provincial farm programs.

Status Indians and Band farms: AAFC agrees that information provided by Status Indians and Band farms to the AgriStability and AgrilInvest programs will not be disclosed to CRA by the Administration, unless disclosure is required by law. By completing and submitting this form you authorize the Administration to share information from this form with AAFC, and authorize AAFC to share the information on the form and any additional information that is provided as the application is processed, with provincial or territorial governments and with the administrators of other federal/provincial farm programs.

If you do not consent to the sharing of information described herein you may be ineligible to participate in the AgriStability or AgrilInvest programs or receive benefits or adjustments to benefits under the AgriStability and AgrilInvest programs.

You have the right to access the personal information held by federal departments and to request changes to incorrect personal information. For more information about your rights regarding the *Privacy Act* contact the Access to Information and Privacy Directorate at the Canada Revenue Agency at ATIP-AIPRP@cra-arc.gc.ca or the AAFC Access to Information and Privacy Coordinator at ATIP-AIPRP@agr.gc.ca and reference CRA PPU 005, CRA PPU 025 and/or AAFC PPU 183.

In addition, by submitting this form for benefits under the AgriStability and AgrilInvest programs, you:

- 1) certify that the information provided is complete and correct;
- 2) declare that the structure of this farming operation has not been altered or created for the purpose of manipulating program benefits or avoiding prescribed maximum limits on program payments;
- 3) understand and agree that any Interim or Targeted Advance payment of AgriStability program funds will be deducted in the calculation of a final AgriStability program payment;
- 4) agree that you will repay any amounts paid to you by the AgriStability and AgrilInvest programs that are in excess of the amount calculated under the program rules and understand that any amount you owe to the Crown may be subtracted from any payments to be sent to you by the Crown;
- 5) understand that interest will be charged on overpayments;
- 6) understand and agree that the information you submit may be combined with the information of other participants for the purposes of determining AgriStability and AgrilInvest benefits, and consent to the disclosure of information pertaining to you or your financial affairs to the other participants who are being combined with your information;
- 7) understand and certify that where you have provided information about other individuals or entities you have been authorized by those individuals or entities to provide that information;
- 8) understand and agree that where you have provided information about other individuals or entities, if they request to see the information you have submitted about them, the Administration will give them access to that information;
- 9) understand and agree that the person you identified on this form as your contact person may receive information relating to your application from the Administration and may instruct the Administration to modify information relating to your application;
- 10) consent to third parties, CRA and other government programs disclosing to the Administration, upon its request, any information pertaining to you or your financial affairs which the Administration considers necessary for the purpose of verifying the AgriStability and AgrilInvest benefit or the information provided on this form; and
- 11) understand that it is a criminal offence to make a false statement in application for program benefits and any declarations made are subject to audit.