

2009 Supplemental Forms Participants from 2008

Operation #

Completed supplemental forms are required only for the AgriStability Program.

Name and Address

1. Print your full name and address in this section. Include a telephone/cell number where you can be reached.		2. Complete this section if you would like someone other than yourself to provide or receive information on your behalf.	
Participant		Contact (Accountant, Spouse and/or Other)	
Name		Business Name	Contact Name
Address		Address	
Town/City	Province	Postal Code	Town/City
			Province
			Postal Code
Telephone (Daytime) ()	Telephone (Evenings) ()	Telephone (Daytime) ()	Facsimile Number ()
Cell Phone ()	Facsimile Number ()		

Additional Contacts (Accountant, Spouse and/or other)

Name	Telephone	Address

(AgriStability Pin #'s are same as CAIS Pin #'s) AgriStability Pin # <input style="width: 20px; height: 15px;" type="text"/>	Language: English <input type="checkbox"/>	The participant is: (check all applicable boxes) <input type="checkbox"/> a sole proprietor <input type="checkbox"/> a member of a *partnership <input type="checkbox"/> a corporation <input type="checkbox"/> other: _____
Partnership Pin # <input style="width: 20px; height: 15px;" type="text"/> (if applicable)	French <input type="checkbox"/>	

**If member of a partnership, please list: AgriStability Pin #(s), name(s) and social insurance number(s) of your partner(s):*

AgriStability Pin #	Name	Social Insurance Number

Business Number <input style="width: 20px; height: 15px;" type="text"/> (corporations/cooperatives only)	Sin # <input style="width: 20px; height: 15px;" type="text"/>
Province of main farmstead: <input style="width: 20px; height: 15px;" type="text"/>	Province of main residence as of December 31, 2009: <input style="width: 20px; height: 15px;" type="text"/>
If the corporation has been dissolved, please provide the date of dissolution:	
<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>
Year	Month
	Day

Production (Crop) Insurance (PI) Information

Have you been enrolled in the Production (Crop) Insurance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PI Number: <input style="width: 20px; height: 15px;" type="text"/>	If yes, See Schedule 6.
Do you purchase agricultural commodities for resale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see Schedule 3	
Did you contract a producer to grow your potato seed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you contract by the: <input style="width: 20px; height: 15px;" type="text"/> acre <input style="width: 20px; height: 15px;" type="text"/> cwt	
Did you have a contract to grow potato seed for another producer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you contract by the: <input style="width: 20px; height: 15px;" type="text"/> acre <input style="width: 20px; height: 15px;" type="text"/> cwt	
Are you an owner / partner / shareholder or manager of another farming operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what is the name of that operation(s)? _____			

Confidential Information

By submitting an application form for benefits under the AgriStability program, I:

- Certify that the information provided is complete and correct;
- Understand that entitlement to program benefits is dependant on meeting the criteria set out in the program guidelines;
- Agree to notify the AgriStability Program Administration in writing of any changes to the income tax information provided to the Canada Revenue Agency (CRA) for the program year or any of the reference years within 60 days of my CRA Notice of Assessment;
- Acknowledge that additional AgriStability program payments will only be made for adjustments reported within 90 days from the date of mailing of the AgriStability Calculation of Program Benefits, except for changes that result from a reassessment of audit by the Federal and/or Provincial Government;
- Agree to repay any overpayment amount received if the amount exceeds the government contributions to which I am entitled under the AgriStability Program;
- Understand that interest will be charged on overpayments at the 90 day Federal Treasury Bill rate plus 2% per annum;
- Understand and agree that the information I submit may be combined with the information of other participants for the purpose of determining AgriStability benefits, and consent to the disclosure of information pertaining to me or my financial affairs to the other participants who are being combined with my information;
- Consent to the use and disclosure of the information contained in this form by officials from the P.E.I. Department of Agriculture, and Agriculture and Agrifood Canada, to administer my application for the AgriStability and AgriInvest Programs, as well as for the purposes of audit, analysis and evaluation of the AgriStability Agreement;
- Consent to the disclosure of the information submitted on the application form to CRA for the purposes of ensuring that CRA's records are complete and accurate for the purposes of administering the Income Tax Act;
- Consent to the use of any information I have submitted to the Net Income Stabilization Account (NISA), the Canadian Farm Income Program (CFIP), and the Canadian Agricultural Income Stabilization (CAIS) Program in the administration of my application for AgriStability;
- Agree that the administration may verify the information submitted through the applicable third parties such as marketing boards and acreage registration bodies.

Personal information on this form is collected under the Canada-Prince Edward Island Implementation Agreement for the Agriculture Policy Framework and will be used for the purposes of administering programs offered by the Agricultural Insurance Corporation. If you have any questions about this collection of personal information, you may contact the Manager, Farm Income Risk Management/ Agricultural Insurance Corporation, P.O. Box 1600, Charlottetown, PE, C1A 7N3, (902) 620-3091. Information may be verified.

Schedule 1

Statement of Purchased Inputs & Prepays 2009 Taxation Year

Check here if nothing to report

- * Complete this SCHEDULE ONLY if you file to Canada Revenue Agency on a CASH basis.
- * Do not include items if quantities do not change from year to year.
- * Do not include items if value is less than \$500.
- * Use the end of 2009 taxation year estimated Fair Market Value/per unit.

Description	Beginning Year Quantity (eg. tonnes, bushels)	End of Year Quantity (eg. tonnes, bushels)	End of Year Fair Market Value (\$/per unit)
Prepared Feeds / Supplements (including prepaids)			
Fertilizer / Lime (including prepaids)			
Pesticides / Herbicides / Fungicides (including prepaids)			
Other (specify)			

Livestock Production and Inventory Record

Check here if nothing to report. for the tax year of _____ to _____
 Make sure to include average weights of Calves and Feeder Cattle.

Include all livestock except for those listed in Schedule 3.

Description	Tax Year Beginning Inventory*		Births # of Head	Purchases		Sales		Deaths # of Head	Tax Year Ending Inventory	
	# of Head	Average Weight		# of Head	Average Weight	# of Head	Average Weight		# of Head	Average Weight
Beef Bulls										
Beef Cows										
Beef Cows & Heifers Calving During Yr.										
Beef Bred Heifers										
Beef Open Heifers										
Beef Calves (under 400 lb)										
Beef Light Feeders(401-550 lb)										
Beef Medium Feeders(551-750 lb)										
Beef Heavy Feeders(751-900 lb)										
Heavy Feeders(>901 lb)										
Custom Fed Cattle										
Dairy Bulls										
Dairy Cows										
Dairy Cows & Heifers Calving During the Yr.										
Dairy Bred Heifers										
Dairy Open Heifers										
Dairy Calves										
Cattle for Personal Consumption										**
Total Transfers										

*Beginning inventory numbers can be obtained from the AgriStability administration

**Not counted as a sale in the structural change calculation.

Include all livestock on hand at the beginning of the year, any livestock born, purchased/sold (except those in Schedule 3), or died during the year.

Average weights of Feeder Cattle and Calves must be specified.

Count ending inventory. The following formula should be used as a check only:

BEGINNING INVENTORY (+) BIRTHS (+) PURCHASES (-) SALES (-) DEATHS = ENDING INVENTORY
NOTE: WE MAY REQUIRE VERIFICATION OF SALES, PURCHASES AND BIRTHS.

Schedule 4

Statement of Accounts Receivable and Deferred Income for 2009 Taxation Year

(Money owed to you at year end)

Check here if nothing to report.

- Complete this schedule ONLY if you file to Canada Revenue Agency on a CASH basis.
- Include shipments from schedule 2a in which payment has not yet been received.
- also include the shipments from previous years crop in which payment has not yet been received.
- If the account receivable is for a commodity, list the quantity sold.

Purchaser	Description	Quantity (cwt, bushels, # of head)	Ending Receivables and 2009 Income Deferred to Future Tax Years (\$)
Crops (specify)			
Livestock (specify)			
Production (Crop) Insurance			
Other Receivables			
		Total	

Please make a note if the Account Receivable is from a year other than the current program year.

