

2009 Statement A Corporations and Cooperatives

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	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 # Partnership Pin # (if applicable)	Language: English <input type="checkbox"/> French <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: _____
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Business Number 	Sin #
Province of main farmstead: <input type="checkbox"/>	Province of main residence as of December 31, 2009: <input type="checkbox"/>
If the corporation has been dissolved, please provide the date of dissolution:	
	
Year	Month
	Day

Do you purchase agricultural commodities for resale? Yes No If yes, use line codes Resale of commodities purchased (9612) and Purchases of Commodities resold (9827)

Please submit the following with your Statement A:

- 1) Financial Statements with notes
- 2) T2-Schedule 1, Net Income (Loss) for Income Tax Purposes
- 3) Accrual to Cash worksheet (if file to CRA on a cash basis)

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 +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 to my financial affairs to the other participants who are being combined with my information;
- Acknowledge that the information on this form will be used for the purposes of administering your participation in the AgriStability and AgriInvest programs, determining your eligibility for benefits, verifying the information submitted, administering the premium adjustment linkage between production insurance and the AgriStability and AgriInvest programs, as well as for the purposes of administering benefits under other farm income and special assistance programs, and for purposes of audit, analysis, and evaluation of the AgriStability and AgriInvest and other farm income and special assistance programs.
- 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.
