



2014 STATEMENT A

AgriStability and AgrilInvest Programs Information and Statement of Farming Activities for Individuals

Protected B when completed

AgriStability and AgrilInvest Programs Participant

First Name:	Last Name:	
Telephone (days): ()	Telephone (evenings): ()	Fax Number: ()
<p>If you have a Contact Person check here: <input type="checkbox"/></p> <p>Note: You must complete all details in the Contact Person section each time you submit this form.</p> <p>If you would like someone else to provide more information on your behalf, provide all details in the contact person section. This applies to the AgrilInvest program only. For AgriStability, please contact your AgriStability Administration.</p> <p>To authorize a representative to access tax information, complete Form T1013, <i>Authorizing or Cancelling a Representative</i>.</p>		

Contact Person **Note:** If you have a contact person, you must complete this section each time you submit this form.

First Name:	Last Name:	
Business Name:	Address:	
City/Town:	Province:	Postal Code: _ _ _ _ _
Telephone (days): ()	Fax Number: ()	

By providing a contact person's name, you are authorizing both the AgrilInvest and AgriStability Administrations 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.

Note: The AgrilInvest Administration will replace any previous contact person you may have designated with the name you provide here.

Participant Profile

Participant Identification Number (PIN):	<input type="text"/>	Note: You must supply your PIN unless you have not been assigned one.
Social Insurance Number (SIN):	<input type="text"/>	Industry code: <input type="text"/>
Number of years you have farmed:	<input type="text"/>	Province of main farmstead: <input type="text"/>
Was 2014 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
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

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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 form, 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 AgriInvest 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 AgriInvest 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 AgriInvest programs to share such information with AAFC.

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.

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

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Identification – Complete a Form T1164 (Statement B) for each additional farming operation.

Operation 1 of

Farm Name:

Method of accounting

Sole proprietorship Partnership

Note: If you indicate you are in a partnership, complete the partnership information section on page 5.

Enter Code 1: If you are using the accrual method for tax purposes and the AgriStability and AgrInvest programs.

Fiscal period:

From: To: 2014

Enter Code 2: If you are using the cash method for tax purposes and the AgriStability and AgrInvest programs.

Was your farming operation involved in any of the following? (Check all applicable boxes for this operation.)

a member of a feeder association a crop share (landlord) a crop share (tenant)

Income

Enter the applicable code for each entry on the form. The codes are listed in the Commodity list and in the Program Payment list included in Guide RC4060, Farming Income and the AgriStability and AgrInvest Programs.

Round all income amounts to the nearest dollar.

Table with 3 columns: Commodity Sales and Program Payments, Code, Amount

Table with 3 columns: Other Farming Income, Line, Amount

Summary of Income table with Total A, Total B, and Gross farming income

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Expenses

 Operation of

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 Guide RC4060, *Farming Income and the AgriStability and AgriInvest Programs*.

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	\$

Non-Allowable Expenses	Line	Amount
Machinery (repairs, licences, 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	
Licences/permits	9823	
Telephone	9824	
Quota rental (tobacco, dairy)	9825	
Gravel	9826	
Purchases of commodities resold	9827	
Motor vehicle interest and leasing costs	9829	
Allowance on eligible capital property	9935	
Capital cost allowance (Complete form T1175)	9936	
Mandatory inventory adjustments – prior year	9937	
Optional inventory adjustments – prior year	9938	
Other (specify)	9896	
Total E		\$

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		\$

Summary of Expenses	
	Total C
	Total D +
	Total E +
Total expenses (enter on line 9968 on page 5)	\$

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Summary of Income and Expenses

Operation 1 of

Gross farming income (enter total from "Summary of income" on page 3)	9959			
Minus: Expenses (enter total from "Summary of expenses" on page 4)	9968	-		
Net income (or loss) before adjustments (line 9959 minus line 9968)	9969	=		
Subtotal				
Minus: Other deductions (see line 9940 in the guide)	9940	-		
Subtotal				
Add: Optional inventory adjustment – current year (if applicable)	9941			
Mandatory inventory adjustment – current year (if applicable)	9942	+		
Total =		=		
			▶	+
				=
				_____ a
Partnership information (if applicable)				
Your share of the amount of line a (enter the dollar amount)			b	
Net income (or loss) after adjustments (enter amount a or amount b, whichever applies)	9944			
Add: Adjustment to business-use-of-home expenses (from Area B on Form T1175, if it applies)	9934	+		
Subtotal				
Add: GST/HST rebate for partners received in the year	9974	+		
Net farming income (or loss) (See note below). Enter this amount on line 141 of your income tax return.	9946	=		

Note: If you have multiple operations, or additional expenses that apply to partnerships, add the amounts from line 9946 of the following forms:

- Form T1163, *Statement A – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Individuals*
- Form T1164, *Statement B – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Additional Farming Operations*

Enter the total on line 141 of your income tax return.

Partnership Information Note: Ensure you provide your partner/partners' PIN(s).

Partnership Name:	CRA Partnership Number:
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AgriStability/AgriInvest Participant Identification Number (PIN)	Only enter the first and last name if the partner is an individual.	Only enter the corporation name if the partner is a corporation.	% share
Enter your percentage share of the partnership			%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%
	Partner's first name:	Partner's last name:	%

