CAIS

Canadian Agricultural Income Stabilization Program

2005 Statement A
Corporations and Cooperatives

Operation #

Name and Address

1. Print your full name and address in this section.
Include a telephone 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

CAIS Pin #

Partnership Pin # (if applicable)

Language:
- English ☐
- French ☐

The participant is: (check all applicable boxes)
- ☐ a sole proprietor
- ☐ a member of a partnership
- ☐ a corporation
- ☐ other: _____

Business Number

Sin #

Province of main farmstead: ☐

Province of main residence as of December 31, 2005 ☐

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 CAIS 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 CAIS 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 CAIS program payments will only be made for adjustments reported within 90 days from the date of mailing of the CAIS 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 CAIS 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 CAIS 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;
- Consent to the use and disclosure of the information contained in this form by officials from the P.E.I. Department of Agriculture, Fisheries and Aquaculture and Agriculture and Agrifood Canada to administer my application for the CAIS Program as well as for the purposes of audit, analysis and evaluation of the CAIS 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) and the Canadian Farm Income Program (CFIP) in the administration of my application for CAIS;
- 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.

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Identification - Complete additional Statement A forms, for each additional farming operation

Fiscal Period
From: Year Month Day To: Year Month Day

Method of Accounting - Mark the one that applies

Code 1: If you are using the accrual method for tax purposes and the CAIS Program ☐

Code 2: If you are using the cash method for tax purposes and the CAIS Program ☐

Did you carry on a farming business as: (check all applicable boxes for this operation)

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

Income

Enter the applicable code for each entry on the form. The codes are listed in the Commodity list and the Program Payment list included in the Instructional Guide. Round off all income amounts to the nearest dollar.

Commodity Sales	Line Code	Amount
	Total A	**$**

Other Farming Income	Line Code	Amount
Other program payments	9540	
Risk Management and Disaster Assistance Payments	9544	
Farm Income Payment (General)	484	
Farm Income Payment (Direct)	485	
Resales, rebates, GST/HST for eligible expenses	9574	
Rebates, GST/HST for non-eligible expenses, and recapture of capital cost allowance (CCA)	9575	
Agricultural contract work	9601	
Patronage dividends	9605	
Interest	9607	
Gravel	9610	
Trucking (farm-related only)	9611	
Resales of commodities purchased	9612	
Leases (gas, oil well, surface, etc.)	9613	
Machine Rental	9614	
Custom Feeding Income	9617	
Other (specify):	9600	
Total B		$

Summary of Income

Total A	
Total B	**+**
Total Income	**$**

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2005 Statement A

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Expenses

Enter the applicable code for each entry on the form. The codes are listed in the Commodity list and the Program Payment list included in the Instructional Guide. Round off all expense amounts to the nearest dollar.

Commodity Purchases and Repayment of Program Benefits	Line Code	
	Total C	

Allowable Expenses	Line Code	
Containers, twine	9661	
Fertilizer and soil supplements	9662	
Pesticides and chemical treatments	9663	
Insurance premiums (production)	9665	
Veterinary fees, medicine, A.I. fees	9713	
Minerals and salts	9714	
Machinery (gasoline, diesel fuel, oil)	9764	
Electricity	9799	
Freight and trucking	9801	
Heating fuel	9802	
Arms length salaries	9815	
Storage/drying	9822	
Prepared Feed	9830	
Custom Feeding	9831	
Commissions and levies	9836	
	Total D	

Summary of Expenses	
Total C	
Total D	
Total E	
Total Expenses	

Non-Allowable Expenses	Line Code	Expenses
Machinery (repairs, licenses, insurance)	9760	
Machinery lease/rental	9765	
Advertising, marketing 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-arms 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	
Allowance on eligible capital property	9935	
Capital cost allowance	9936	
Mandatory inventory adjustments - prior year	9937	
Optional inventory adjustments - prior year	9938	
Other (specify)	9896	
	Total E	$

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Statement of Farming Activities (if applicable)

Other Items	Line Code	Amount	Other Items	Line Code	Amount
Gross farming income	9959		Optional inventory adjustments - current year	9941	
Total farming expenses	9968		Mandatory inventory adjustments - current year	9942	
Net farming income (loss) before adjustments	9969		Net farming income (loss) after adjustments	9944	
			Net farming income (loss)	9946	

Shareholder/ Member Information

Other Items	Amount
Number of members in co-operative	

Other Items	Amount
Total number of outstanding common shares (voting and non-voting)	

Name of Shareholder / Member	Social Insurance Number	Number of Common Shares per Shareholder

Partnership Information

Partnership PIN (for office use only)

Partnership Name

Your Name	% Share	Social Insurance Number	Business Number (if a corporation)
	%		

Partners' Names	% Share	Social Insurance Number	Business Number (if partner is a corporation)
	%		
	%		
	%		
	%		
	%		