Remove and complete

## 2003 CAIS Program **Supplementary Form**

Page 1

#### Part 1) Participant Information

Name       Name         Address       Address         Town/City       Province       Postal Code         Telephone Number (Days)       Telephone Number (Evenings)       Telephone Number (Days)       Facsimile Number         a) For this application, are you applying as:       a corporation       a co-operative       a commune       a trust (individual)         Enter Social Insurance Number       Enter Business Number       Enter Trust Account Number         b) NISA Participant Identification Number (if applicable):	Participant	Contact Person
Town/City       Province       Postal Code       Town/City       Province       Postal Code         Telephone Number (Days)       Telephone Number (Evenings)       Telephone Number (Days)       Facsimile Number         a) For this application, are you applying as:       a corporation       a co-operative       a commune       a trust (individual)		
Telephone Number (Days)       Telephone Number (Evenings)       Telephone Number (Days)       Facsimile Number         a) For this application, are you applying as:       a corporation       a co-operative       a number         a) an individual       a corporation       a co-operative       a commune       (individual)         Enter Social Insurance Number       Enter Business Number       Enter Trust Account Number         b) NISA Participant Identification Number (if applicable):       Image: Social Insurance Number       Image: Social Insurance Number         c) If you are applying as a corporation, indicate the date of incorporation:       Image: Social Insurance Number       Image: Social Insurance Number       Image: Social Insurance Number         d) Are you a current or former federal public office holder or public servant?       Year       No       No         e) For your main farmstead, indicate its:       Rural Municipality/County/Municipal District Name:       Image: Social Insurance Inter Social Insurance Inter Social Insurance Contract or ID number(s):       Image: Social Insurance Inter Social Insurance Contract or ID number(s):         f) Did you participate in Production Insurance contract or ID number(s):       Image: Social Insurance Inter Social Insurance contract or ID number(s):       Image: Social Insurance Inter Social Insurance Contract or ID numbers that pertain to your operation.	Address	Address
Telephone Number (Days)       Telephone Number (Evenings)       Telephone Number (Days)       Facsimile Number         a) For this application, are you applying as:       a corporation       a co-operative       a number         a) an individual       a corporation       a co-operative       a commune       (individual)         Enter Social Insurance Number       Enter Business Number       Enter Trust Account Number         b) NISA Participant Identification Number (if applicable):       Image: Social Insurance Number       Image: Social Insurance Number         c) If you are applying as a corporation, indicate the date of incorporation:       Image: Social Insurance Number       Image: Social Insurance Number       Image: Social Insurance Number         d) Are you a current or former federal public office holder or public servant?       Year       No       No         e) For your main farmstead, indicate its:       Rural Municipality/County/Municipal District Name:       Image: Social Insurance Inter Social Insurance Inter Social Insurance Contract or ID number(s):       Image: Social Insurance Inter Social Insurance Contract or ID number(s):         f) Did you participate in Production Insurance contract or ID number(s):       Image: Social Insurance Inter Social Insurance contract or ID number(s):       Image: Social Insurance Inter Social Insurance Contract or ID numbers that pertain to your operation.		
a) For this application, are you applying as: a nindividual a corporation a co-operative a commune nindividual Enter Social Insurance Number is a trust (individual) Enter Social Insurance Number is a corporation is the program of the production Insurance ontract or ID number(s):	Town/City Province Postal Code	Town/City Province Postal Code
an individual a corporation a corporative a commune a trust (individual) Enter Social Insurance Number Enter Social Insurance Number b) NISA Participant Identification Number (if applicable): b) NISA Participant Identification Number (if applicable): c) If you are applying as a corporation, indicate the date of incorporation: Year Month Day d) Are you a current or former federal public office holder or public servant? Yes No If yes, are you in compliance with the Conflict of Interest and Post-Employment Code for the Public Service? Yes No e) For your main farmstead, indicate its: Rural Municipality/County/Municipal District Name: Legal Land Description: f) Did you participate in Production Insurance in the program year? Yes No e) For sourd in Production Insurance in the program year? Yes No e) regative provide the Production Insurance contract or ID number(s): *Please attach separate pages to record any additional Production Insurance contract or ID numbers that pertain to your operation.	Telephone Number (Days)         Telephone Number (Evenings)	Telephone Number (Days) Facsimile Number
an individual       a corporation       a co-operative       a commune       a trust (individual)         Enter Social Insurance Number       Enter Business Number       Enter Trust Account Number         b) NISA Participant Identification Number (if applicable):       Enter Business Number       Enter Trust Account Number         c) If you are applying as a corporation, indicate the date of incorporation:       Month       Day         (d) Are you a current or former federal public office holder or public servant?       Yes       No         e) For your main farmstead, indicate its:       Rural Municipality/County/Municipal District Name:       No         e) Did you participate in Production Insurance in the program year?       Yes       No         f) Did you participate in Production Insurance in the program year?       Yes       No         e) Hease attach separate pages to record any additional Production Insurance contract or ID number(s):       Image: Contract or ID number(s):	a) For this application, are you applying as:	
b) NISA Participant Identification Number (if applicable):		a colonerative
b) NISA Participant Identification Number (if applicable):		
c) If you are applying as a corporation, indicate the date of incorporation:   Year Month   Year Month   Day               c) If you are applying as a corporation, indicate the date of incorporation:   Year Month   Year No <ta> <ta> <ta> <ta> <ta> <ta> <ta> <ta< td=""><td>Enter Social Insurance Number Enter Busin</td><td>ess Number Enter Trust Account Number</td></ta<></ta></ta></ta></ta></ta></ta></ta>	Enter Social Insurance Number Enter Busin	ess Number Enter Trust Account Number
d) Are you a current or former federal public office holder or public servant?          Year       Month       Day         Year       Month       Day         Year       No         If yes, are you in compliance with the Conflict of Interest and Post-Em ployment Code for the Public Service?       Yes       No         e) For your main farmstead, indicate its:       Rural Municipality/County/Municipal District Name:       No       Pesale Land Description:       No         Rural Municipality/County/Municipal District Number:       Legal Land Description:       Qtr       sec       twp       rng       meridiar         f) Did you participate in Production Insurance in the program year?       Yes       No       No       No         #Please attach separate pages to record any additional Production Insurance contract or ID numbers that pertain to your operation.       Image: Contract or ID numbers that pertain to your operation.	b) NISA Participant Identification Number (if applicable):	
If yes, are you in com pliance with the Conflict of Interest and Post-Em ployment Code for the Public Service? Yes No e) For your main farmstead, indicate its: Rural Municipality/County/Municipal District Name: Rural Municipality/County/Municipal District Number: Did you participate in Production Insurance in the program year? Yes No f) Did you participate in Production Insurance in the program year? Yes No f) Did you participate in Production Insurance contract or ID number(s): *Please attach separate pages to record any additional Production Insurance contract or ID numbers that pertain to your operation.	c) If you are applying as a corporation, indicate the date of incorporation:	Year Month Day
e) For your main farmstead, indicate its: Rural Municipality/County/Municipal District Name: Rural Municipality/County/Municipal District Number: big Legal Land Description: the program year? Yes No rng meridiar If yes, please provide the Production Insurance contract or ID number(s): *Please attach separate pages to record any additional Production Insurance contract or ID numbers that pertain to your operation.	d) Are you a current or former federal public office holder or public servant?	Yes No
Rural Municipality/County/Municipal District Name:       Legal Land Description:       Image: contract of the program year?       Image: contract of the program year?       Image: contract of the program year?       Image: contract of the production Insurance on tract of the production Insurance contract	If yes, are you in compliance with the Conflict of Interest and Post-Employr	nent Code for the Public Service? Yes No
Rural Municipality/County/Municipal District Number:       Legal Land Description:       Image: transform of tra	e) For your main farmstead, indicate its:	
f) Did you participate in Production Insurance in the program year? Yes No qtr sec twp rng meridiar If yes, please provide the Production Insurance contract or ID number(s):	Rural Municipality/County/Municipal District Name:	
f) Did you participate in Production Insurance in the program year? Yes No If yes, please provide the Production Insurance contract or ID number(s): *Please attach separate pages to record any additional Production Insurance contract or ID numbers that pertain to your operation.	Rural Municipality/County/Municipal District Number:	
*Please attach separate pages to record any additional Production Insurance contract or ID numbers that pertain to your operation.		s 🗌 No qtr sec twp rng meridiar
	If yes, please provide the Production Insurance contract or ID number(s):	
a) Did you defer income from sales of breeding livestock under CRA's prescribed Drought Region (RDR) exemption? Ves No	*Please attach separate pages to record any additional Production Insurance	contract or ID numbers that pertain to your operation.
g) bid you delet income nom sales of bleeding investor, drider CKA's rescribed brought keyon (PDK) exemption?	g) Did you defer income from sales of breeding livestock under CRA's Pre	scribed Drought Region (PDR) exemption? 🗌 Yes 🗌 No
If yes, please indicate the amount deferred:	If yes, please indicate the amount deferred:	
h) Did you deduct any part of a payment received from a CFIA payment received under the Health of Animals Act for destroying animals? Ves No	h) Did you deduct any part of a payment received from a CFIA payment received	under the Health of Animals Act for des troying animals?
If yes, please indicate the amount expensed:	If yes, please indicate the amount expensed:	]
i) Based on the criteria set out in the CAIS Program Handbook (pg. 36), should this operation be combined with Yes No another?	· · · · · · · · · · · · · · · · · · ·	d this operation be combined with Yes No

#### Confidential Information

By submitting this form for benefits under the Canadian Agricultural Income Stabilization (CAIS) program, I:

- 1) certify that the information provided is complete and correct;
- agree to no tify the CAIS program Administration in writing of any changes to the income tax information provided to the Canada Revenue Agency (CRA) for the 2) program year or any of the reference years within 60 days of my CRA Notice of Reassessment;
- understand and agree that any interim payment of CAIS program funds or payments made under the Producer Assistance program will be deducted in the calculation 3) of a final CAIS program payment;
- 4) 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 or audit by CRA; agree that I will repay any amounts paid to me by the CAIS program that are in excess of my entitlement under the program.
- 5)
- 6)
- understand that interest will be charged on over payments 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 purposes of determining CAIS benefits, and 7)
- consent to the disclosure of the information pertaining to me or my financial affairs to the other participants no the purposes of determining combined with my information; consent to the disclosure of the information contained on this form by officials from Agriculture and Agri-Food Canada and the provincial department responsible for agriculture for the purposes of administering my participation in the CAIS program, determining my eligibility for benefits, verifying the information submitted. 8) making special assistance payments and administering the premium adjustment linkage between production insurance and the CAIS program, as well as for the pur poses of audit of benefits under other farm income programs, analysis, evaluation, program development; 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
- 9) the purposes of administering the Income Tax Act;
- 10) consent to third parties, CRA and other government programs disclosing upon request to the CAIS program Administration any information pertaining to me or my financial affairs which the CAIS program Adminis tration considers necessary for the purpose of verifying the CAIS benefit.

The Privacy Act protects information given on this form which is kept in personal information bank number's AAFC PPU 189 and CRA PPU 005.

Remove and complete

CAIS PCSR/	 A					Progra tary Fo					C	Dperation #	
													Page 2
	Participant:				F	arm Nam	ne:						
Fiscal Perioc	From: Year Month	Day	To:		Year	Month C	Day						
Part 2)	Crop Inventory Valuation	า							Сн	ECK HERE I	F NOTHING	TO REPOR	т:
*If you file to	o the Canada Revenue Agency (CRA) o	on the accrua	l basis, do n	ot complete	e columns (l)	), (m), or (n)	).						
a	b	С	d	е	f	g	h	i	j	k	I	m	n
Code	Crop/Grade	Units	Acres	Starting Inventory	Quantity Produced	Quantity Purchased	Quantity Sold	Quantity Used as Feed	Quantity Used as Seed	Ending Inventory (e+f+g-h-i-j)	Change in Quantity (k-e)	Fair Market Value	Change in Value (I x m)
16	Unseedable Acres												
17	Summer Fallow Acres												

						,	. ,	
16	Unseedable Acres							
17	Summer Fallow Acres							

Net increase (decrease) in value of crops inventory (total column (n)):

Remove and complete



## 2003 CAIS Program Supplementary Form

Operation #

Page 3

## Part 3) Livestock Inventory Valuation

CHECK HERE IF NOTHING TO REPORT:

\*If you file to the Canada Revenue Agency (CRA) on the accrual basis, do not complete columns (n), (o), or (p).

а	b	С	d	е	f	g	h	i	j	k	I	m	n	0	р
Cada	Description	Starting I	nventory	Births	Purchases	Sa	es	Deaths	Transfers	Transfers Out # of	Ending I (c+e+f-	nventory g-i+j-k)	Change in	Fair	Change in Value
Code	Description	# of head	Average Weight	# of head	Purchases # of head	# of head	Average Weight	# of head	In # of head	Out # of head	# of head	Average Weight	Change in Quantity (I - c)	Market Value	Value (n x o)
<u> </u>															
L															

Net increase (decrease) in value of livestock inventory (total column (p)):

#### Name of Participant:

#### Part 4a) Salaries and Wages

Salaries and Wages	1998	1999	2000	2001	2002
Arm's Length Salaries					
Non-Arm's Length Salaries					

Complete the section below only if you file to the Canada Revenue Agency (CRA) on the cash basis.

Part 4b) Purchase	d Inputs Valuation
-------------------	--------------------

CHECK HERE IF NOTHING TO REPORT:

CHECK HERE IF NOTHING TO REPORT:

		(a)	(b)
Code	Description	Start of 2003 Fiscal Period Value (\$)	End of 2003 Fiscal Period Value (\$)
	Total:		
	Net increase (decrease) in value of nurchased inputs (Total co	lumn (b) - Total column (a)):	

### Part 4c) Deferred Income and Receivables

CHECK HERE IF NOTHING TO REPORT:

CHECK HERE IF NOTHING TO REPORT:

		(a)	(b)
Code	Description	Opening Receivables and Income Deferred to 2003 Fiscal Period (\$)	Opening Receivables and Income Deferred to 2004 Fiscal Period (\$)
	Total:		

Net increase (decrease) in deferred income and receivables (Total column (b) - Total column (a)):

## Part 4d) Accounts Payable

		(a)		(b)
Code	Description	Start of 2003 Fiscal Period Value (\$)		End of 2003 Fiscal Period Value (\$)
			Ē	
			L	
	Total:		Γ	

Net decrease (increase) in accounts payable (Total column (a) - Total column (b)):

## Section A: Acreage Information

\*Indicate the total number of acres (owned, rented, and your share of crop share acres if you are a tenant) for this operation that fell into each of the categories below. See pages 17 - 20 of the Guide to Completing the Supplementary Form for a comprehensive list of crops that fall under the various "basket" categories in your province. Crops that do not fall under a "basket" category should be specified and reported separately under the "Acres of other crops that were seeded" category.

# \*If you were a partner in a partnership, please indicate your partnership percentage for this operation in each year:

1998	1999	2000	2001	2002
%	%	%	%	%

	Seeded Acres	1998	1999	2000	2001	2002
1	Total acres of all "Crop Basket" crops that were seeded	1				
2	Total acres of all "Forage Basket" crops that were seeded					
9	Total acres of all "Herbs and Spices Basket" crops that were seeded					
4	Total acres of all "Forage Seed Basket" crops that were seeded					
5	Total acres of all "Bean Basket" crops that were seeded					
3	Total acres of all "Vegetable Basket" crops that were seeded					
6	Total acres of all "Organic Crop Basket" crops that were seeded					
	Acres of other crops that were seeded (specify below)	1998	1999	2000	2001	2002
16	Unseedable Acres					
17	Summer Fallow Acres					
	Total:					

#### Section B: Livestock Information

	Productive Animals	Units	1998	1999	2000	2001	2002	2003
104	Cattle	# of cows that birthed	1					
	•	Units	1998	1999	2000	2001	2002	2003
123	Swine	# of sows that bir thed						
	Sales of Feeder Livestock	# of units	1998	1999	2000	2001	2002	2003
105	Feeder Cattle (sold up to 900 lbs)	# of head sold						
106	Finished Cattle (sold over 901 lbs)	# of head sold						
		# of units	1998	1999	2000	2001	2002	2003
125	Grower Hogs (sold up to 180 lbs)	# of head sold						
124	Slaughter Hogs (181 lbs and over)	# of head sold						
	Supply Managed Commodities	Units	1998	1999	2000	2001	2002	2003
113	Dairy	kg of butterfat/day						
108	Chickens, layers, broiler eggs for hatching	# producing						
109	Chickens, layers, eggs for consumption	# producing						
107	Chickens, broilers	# sold						
139	Tur keys, broilers	# sold						
	Other (specify below)	Units	1998	1999	2000	2001	2002	2003
128	PMU	grams/year						

© Her Majesty the Queen in Right of Canada, 2004

Cat. no. A22-380/2004E-PDF ISBN 0-662-36125-3