

Name and Address

1) Print your name and address in this section. Also provide your day and evening phone numbers in case we need to contact you.

2) If you would like someone other than yourself to provide additional information on your behalf, print their name and address in this section.
3) Has your contact changed from the previous year? Yes No

Participant		Contact Person	
Name		First Name	Last Name
Address		Address	
Town/City	Province	Postal Code	Town/City
Province	Postal Code	Province	Postal Code
Telephone Number (Days)	Telephone Number (Evenings)	Telephone Number (Days)	Facsimile Number

Participant Profile

CAIS Participant Identification Number

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Trust Number

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Business Number

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The participant is: (check all applicable boxes)

- a corporation a communal organization
 a co-operative a member of a partnership

Language of preference:

- English French

Province of main farmstead:

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Province of main residence as of December 31, 2004:

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Number of years the entity has farmed:

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Was 2004 your last year of farming?

- Yes No

If the corporation has been dissolved, please provide the date of dissolution:

Year		Month		Day			

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;
- 2) 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 Reassessment;
- 3) understand and agree that any interim payment of CAIS program funds or payments made under the CAIS Special Advance will be deducted in the calculation 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;
- 5) agree that I will repay any amounts paid to me by the CAIS program that are in excess of my entitlement under the program.
- 6) understand that interest will be charged on overpayments at the 90 day Federal Treasury Bill rate + 2% per annum;
- 7) 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 consent to the disclosure of information pertaining to me or my financial affairs to the other participants who are being combined with my information;
- 8) consent to the use 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, making special assistance payments and administering the premium adjustment linkage between production insurance and the CAIS program, as well as for the purposes of audit of benefits under other farm income programs, analysis, evaluation, program development;
- 9) 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*;
- 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 Administration 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 numbers AAFC PPU 189 and CRA PPU 005.

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	Code	Amount
Total C	9960	\$

Allowable Expenses	Line	Expenses
Containers, twine	9661	
Fertilizer 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	
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	Expenses
Machinery (repairs, licenses, insurance)	9760	
Machinery lease/rental	9765	
Advertising, 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	
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	\$	

