

**2005 Supplemental Forms
(Participants from 2004)**

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 # <input style="width: 100px; height: 15px;" type="text"/>	Language:	The participant is: (check all applicable boxes)
Partnership Pin # <input style="width: 100px; height: 15px;" type="text"/> (if applicable)	English <input type="checkbox"/>	<input type="checkbox"/> a sole proprietor <input type="checkbox"/> a member of a partnership
	French <input type="checkbox"/>	<input type="checkbox"/> a corporation <input type="checkbox"/> other: _____
(Corporations/Cooperatives only)		
Business Number <input style="width: 150px; height: 15px;" type="text"/>	Sin # <input style="width: 100px; height: 15px;" type="text"/>	
Province of main farmstead: <input type="checkbox"/>		
Province of main residence as of December 31, 2005 <input type="checkbox"/>		
If the corporation has been dissolved, please provide the date of dissolution: <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>		
Year Month Day		

Production (Crop) Insurance Information	
Have you been enrolled in the Production (Crop) Insurance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, See Schedule 6.
Do you purchase agricultural commodities for resale?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see Schedule 3
Did you contract a producer to grow your potato seed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you contract by the: <input type="checkbox"/> acre <input type="checkbox"/> cwt
Did you have a contract to grow potato seed for another producer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you contract by the: <input type="checkbox"/> acre <input type="checkbox"/> cwt
Are you an owner / partner / shareholder or manager of another farming operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the name of that operation(s)? _____	

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 plus 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 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.

Schedule 1

Statement of Purchased Inputs & Prepaids 2005 Taxation Year

Check here if nothing to report

- Complete this SCHEDULE ONLY if you file to Canada Revenue Agency on a CASH basis.
- Do not include items if quantities do not change from year to year.
- Do not include items if value is less than \$500.
- Use the end of 2005 taxation year estimated Fair Market Value/per unit.

Description	End of Year Quantity (eg. tonnes, bushels)	End of Year Fair Market Value (\$/per unit)
Prepared Feeds / Supplements (including prepaids)		
Fertilizer / Lime (including prepaids)		
Pesticides / Herbicides / Fungicides (including prepaids)		
Other (specify)		

Schedule 2b

Crop Production and Inventory Record

for the tax year of _____ to _____ 2005

Check here if nothing to report.

All crops produced on the farm, except those listed in Schedule 3, must be reported, including those produced, purchased and sold during the program year, Producers of perishable crops are also required to complete Schedule 2a Perishable Crop Inventory Worksheet.

Description	Tax Year Beginning Inventory* (specify units)	On-farm Production		Purchases (specify units)	Sales (specify units)	Amount Fed, used as Seed and/or Culled/dumped (specify units)	Tax Year Ending Inventory (specify units)
		Acres #	Quantity Produced (specify units)				
Crop (Specify)							
Potatoes: list by variety: (cwt)							
Grains : (metric tonnes)							
Barley							
Mixed Grain							
Wheat							
Oats							
Forages: (R. or Sq. bales)							
Other:							

*Beginning inventory numbers can be obtained from the CAIS administration

- Include all crops produced on the farm, including those produced but not stored as inventory.
- Include any purchased crops that may be in inventory at the beginning and/or the end of the year.
- Sales and purchases must be verifiable.
- Assess ending inventory. The following formula should be used as a check only:
 BEGINNING INVENTORY (+) QUANTITY PRODUCED (+) PURCHASES (-) SALES (-) AMOUNT FED (-) USED AS SEED (-) CULLED= ENDING INVENTORY.

Livestock Production and Inventory Record

for the tax year of _____ to _____ 2005

Check here if nothing to report.

Make sure to include average weights of Calves and Feeder Cattle.

Include all livestock except for those listed in Schedule 3.

Description	Tax Year Beginning Inventory*		Births	Purchases		Sales		Deaths	Transfers		Tax Year Ending Inventory	
	# of Head	Average Weight		# of Head	Average Weight	# of Head	Average Weight		# of Head	In	Out	# of Head
Beef Cattle: Bulls												
Cows												
Bred Heifers												
Open Heifers												
Calves (under 400 lb)												
Light Feeders(401-550 lb)												
Medium Feeders(551-750 lb)												
Heavy Feeders(751-900 lb)												
Heavy Feeders(>901 lb)												
CATTLE FOR PERSONAL CONSUMPTION							**					
Dairy Cattle: Bulls												
Cows												
Bred Heifers												
Open Heifers												
Calves												
Total Transfers									In	=	out	

*Beginning inventory numbers can be obtained from the CAIS administration

**Not counted as a sale in the structural change calculation.

- Include all livestock on hand at the beginning of the year, any livestock born, purchased/sold (except those in Schedule 3), or died during the year.
- **Average weights of Feeder Cattle and Calves must be specified.**
- **Count ending inventory.** The following formula should be used as a check only:
 BEGINNING INVENTORY (+) BIRTHS (+) PURCHASES (-) SALES (-) DEATHS = ENDING INVENTORY.

NOTE: WE MAY REQUIRE VERIFICATION OF SALES, PURCHASES AND BIRTHS.

Schedule 4

**Statement of Accounts Receivable and
Deferred Income for 2005 Taxation Year
(Money owed to you at year end)**

Check here if nothing to report.

- Complete this schedule ONLY if you file to Canada Revenue Agency on a CASH basis.
- Include shipments from schedule 2a (also include the shipments from *2004's crop year) in which payment has not yet been received.
- If the account receivable is for a commodity, list the quantity sold.

Purchaser	Description	Quantity (cwt, bushels, #of head)	Ending Receivables and 2005 Income Deferred to Future Tax Years (\$)
Crops (specify)			
Livestock (specify)			
Production (Crop) Insurance			
Other Receivables			
		Total	

* Producers who have a non-calendar year end may have include the sales from the 2003 crop year in which payment has not yet been received. Please contact the CAIS Administration if you have any questions.

Schedule 6

Name:

CAIS Pin #:

Production (Crop) Insurance Information

Please indicate the year (s) in which you were enrolled in the Production (Crop) Insurance Program.

2003 2004 2005

What is your Production (Crop) Insurance number?

What name (Corporation, Farm Name or Given Name) is listed on your Production (Crop) Insurance Agreement?

If you are enrolled or have been enrolled under more than one Name (Corporation, Farm Name, Partnership or Given Name) or Production Insurance Number, please list the Year, Name and Number included in the additional Agreement(s).

Please indicate the crop / programs in which you were enrolled in 2005.

Potatoes Forage
 Grains By-Pass (Broccoli and Cauliflower)
 Other(s), Please list Potato Storage Plan

