CAIS Canadian Agricultural Income Stabilization Program

2006 Statement A Corporations and Cooperatives

Name and Address										
1. Print your full name and addres Include a telephone number wher			 Complete this section if you would like someone other than yourself to provide or receive information on your behalf. 							
Par	licipant		C	Contact (Accounta	ant, Spouse and	/or Other)				
Name			Business Name Contact Name							
Address			Address							
Town/City Pro	ovince	Postal Code	Town/City	Town/City Province Postal Code						
Telephone (Daytime)	Telephone (E	Evenings)								
()	()		Telephone	(Daytime)	Facsimile Number					
Cell Phone	Facsimile Nu	mber	()		()					
()	()		()							
Additional Contacts (Acco	untant, Sp	ouse and/or other)								
Name		Telephone	Addre	SS						
		Langu	lage:	The participant is: (check all applicable	boxes)				
CAIS Pin #		Englis	h	a sole proprieto	or a memb	er of a partnership				
Partnership Pin #	f applicable)	Frenc	h	a corporation	other:					
Business Number				Sin #						
Province of main farmstead: Province of main residence as of December 31, 2006										
If the corporation has been dissolved, please provide the date of dissolution:										
Do you purchase agricultural commodities for resale? Yes No If yes, use line codes Resale of commodities purchased 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)										

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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 Stat	ement A f	orms, for each add	litional farming operation								
Fiscal Period From: Year		Month	Day To: Year Mo	onth Day							
Method of Accounting - enter code that Code 1: If you are using the accrual meth Code 2: If you are using the cash method	od for tax										
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 co	de for eac uded in th	h entry on the form. e Instructional Guide	The codes are listed in the Commodity list and the Progra e. Round off all income amounts to the nearest dollar.	am Payment list							
Commodity Sales	Line	Amount	Other Farming Income	Line Amount							
	Code			Code							
			Other program payments	9540 9544							
			Risk Management and Disaster Assistance Payments	484							
			Farm Income Payment (General) Farm Income Payment (Direct)	485							
			Resales, rebates, GST/HST for eligible expenses	9574							
			Rebates, GST/HST for non-eligible expenses,	9575							
			and recapture of capital cost allowance (CCA) 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 \$							
			L								
			Summary of Income								
				Total A							
				Total B +							
	Total A	\$	Tota	al Income \$							

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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 Line **Allowable Expenses** 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

Summary of Expenses										
Total C										
Total D										
Total E										
Total Expenses										

Total D

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	Other Items	Amount
Number of members in co-operative		Total number of outstanding common shares (voting and non-voting)	

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

									Partnership PIN (for office use only)		
Partnership Name											
Your Name	% Share			Socia	al Ins	urand	e Nu	mber			Business Number (if a corporation)
	%										
Partners' Names	% Share			Socia	l Ins	urand	ce Nu	mber			Business Number (if partner is a corporation)
	%										
	%										
	%										
	%										
	%										