



2021

Statement A
AgriStability and AgriInvest Programs Information
and Statement of Farming Activities for Individuals

Participant identification	Contact person information
First name	If you would like someone else to provide more information on your behalf, provide all details in this section. This applies to the AgriInvest program only. For AgriStability, please contact your AgriStability Administration. If you have a contact person, tick here: <input type="checkbox"/>
Last name	
Participant identification number (PIN) <input type="text"/>	First name
Social insurance number (SIN) <input type="text"/>	Last name
Business number (BN) <input type="text"/>	Business name
Telephone number	Address
Fax number	City/TownProv/TerrPostal code
Email address	Telephone numberFax number
	Note: If you have a contact person, you must complete this section each time you submit this form. The AgriInvest Administration will replace any previous contact person you may have designated with the name you provide here. By providing a contact person's name, you are authorizing both the AgriStability and AgriInvest Administrations to receive information from and to disclose information to the contact person, and to make changes to your applications as directed by the contact person.
Farming information	Federal public office holder or employee of AAFC
Province/Territory of main farmstead <input type="text"/>	Are you, or anyone who participated in the preparation of this form on your behalf, a current or former federal public office holder or employee of Agriculture and Agri-Food Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years you have farmed <input type="text"/>	
Was 2021 your final year of farming? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Industry code <input type="text"/>	
Have you completed a production cycle on at least one of the commodities you produced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you ticked "No" to the above question, were you unable to complete a production cycle due to disaster circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Confidential information and participant consent

Agriculture and Agri-Food Canada (AAFC) and the Canada Revenue Agency (CRA) are committed to protecting the privacy of your information. The information on this Statement A (hereafter this form), which includes Form T1164, Statement B, where you have other farming operations, is collected under the authority of the Farm Income Protection Act and will be used exclusively for the purposes of:

- administering your participation in the AgriStability and AgrilInvest programs
- determining your eligibility for benefits
- verifying the information submitted
- issuing tax receipts
- administering benefits under other farm income and special assistance programs
- audit, analysis, and evaluation of the AgriStability and AgrilInvest programs and other farm income and special assistance programs by the Administration, AAFC, the provincial or territorial governments or third parties engaged for that purpose

AAFC collects your social insurance number (SIN), under the authority of section 19 of the Farm Income Protection Act, to report a taxable benefit to the CRA.

By completing this form, you authorize the Administration, the provincial and territorial governments, administrators of other farm income and special assistance programs, and third parties possessing information relevant to the administration of, and your participation in, the AgriStability and AgrilInvest programs to share such information with AAFC.

By completing this form, you authorize the CRA to share information from this form with AAFC, and you authorize AAFC, where relevant, to share the information on the form and any additional information that is provided as the application is processed, with the CRA, the Administration, provincial and territorial governments and with the administrators of other federal/provincial farm programs.

If you do not consent to the sharing of information described herein, you may be ineligible to participate in the AgriStability or AgrilInvest programs or receive benefits or adjustments to benefits under the AgriStability and AgrilInvest programs.

You have the right to access the personal information held by federal departments and to request changes to incorrect personal information. For more information about your rights regarding the Privacy Act, contact the Access to Information and Privacy Directorate at the Canada Revenue Agency at ATIP-AIPRP@cra-arc.gc.ca or the AAFC Access to Information and Privacy Coordinator at aafc.atip-airprp.aac@canada.ca and reference CRA PPU 005, CRA PPU 025 and/or AAFC PPU 183.

In addition, by submitting this form for benefits under the AgriStability and AgrilInvest programs, you:

- 1) certify that the information provided is complete and correct
- 2) declare that the structure of this farming operation has not been altered or created for the purpose of manipulating program benefits or avoiding prescribed maximum limits on program payments
- 3) understand and agree that any Interim or Targeted Advance payment of AgriStability program funds will be deducted in the calculation of a final AgriStability program payment
- 4) agree that you will repay any amounts paid to you by the AgriStability and AgrilInvest programs that are in excess of the amount calculated under the program rules and understand that any amount you owe to the Crown may be subtracted from any payments to be sent to you by the Crown
- 5) understand that interest will be charged on overpayments
- 6) understand and agree that the information you submit may be combined with the information of other participants for the purposes of determining AgriStability and AgrilInvest benefits, and consent to the disclosure of information pertaining to you or your financial affairs to the other participants who are being combined with your information
- 7) understand and certify that where you have provided information about other individuals or entities you have been authorized by those individuals or entities to provide that information
- 8) understand and agree that where you have provided information about other individuals or entities, if they request to see the information you have submitted about them, the Administration will give them access to that information
- 9) understand and agree that the person you identified on this form as your contact person may receive information relating to your application from the Administration and may instruct the Administration to modify information relating to your application
- 10) consent to third parties, CRA, and other government programs disclosing to the Administration, upon its request, any information pertaining to you or your financial affairs which the Administration considers necessary for the purpose of verifying the AgriStability and AgrilInvest benefit or the information provided on this form
- 11) understand that it is a criminal offence to make a false statement in application for program benefits and any declarations made are subject to audit

Additional information

Information collected on pages 1 and 2 of this form is used for AgriStability and AgrilInvest program purposes and will be forwarded to your Administration. The information will not be retained by the CRA.

Information on pages 3, 4, and 5 is used by the CRA for tax purposes, and for AgriStability and AgrilInvest program purposes. This information will be shared by both the CRA and the AgriStability and AgrilInvest programs and will be retained by the CRA.

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Identification – Complete a Form T1164 (Statement B) for each additional farming operation.

Operation **1** of **1**

Farm name		Method of accounting
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership		Enter Code 1: If you are using the accrual method for tax purposes and the AgriStability and AgriInvest programs.
Note: If you indicate you are in a partnership, complete the partnership information section on page 5.		
Fiscal period <div> From: <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div> Year Month Day </div>		To: <div> <div>2</div><div>0</div><div>2</div><div>1</div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> Year Month Day </div>
		Enter Code 2: If you are using the cash method for tax purposes and the AgriStability and AgriInvest programs.

Was your farming operation involved in any of the following? (Tick all applicable boxes for this operation.)

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

Income

Enter the applicable code for each entry on the form. The codes are listed in the Commodity list and in the Program payment lists included in RC4060, Farming Income and the AgriStability and AgriInvest Programs Guide.

Round all income amounts to the nearest dollar.

[illegible]

Operation **1** of **1**

Commodity purchases and repayment of program benefits	Code	Amount
Point of sale adjustments	575	
Total C: Total of commodity purchases and repayment of program benefits	9960	\$

Allowable expenses	Line	Amount
Containers and twine	9661	
Fertilizers 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	
Commissions and levies	9836	
Private insurance premiums for allowable commodities	9953	
Total D: Total of allowable expenses	\$	

[illegible]

Summary of expenses	
Total C	
Total D	
Total E	
Total expenses: Add Total C, Total D, and Total E (enter on line 9968 on page 5)	\$

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Summary of income and expenses

Operation 1 of

Gross farming income (enter total from "Summary of income" on page 3)	9959	
Total expenses (enter total from "Summary of expenses" on page 4)	9968	
Net income (loss) before adjustments (line 9959 minus line 9968)	9969	
Other deductions (see line 9940 in the Guide RC4060)	9940	
	Subtotal: Line 9969 minus line 9940	A
Optional inventory adjustment – current year (if applicable)	9941	
Mandatory inventory adjustment – current year (if applicable)	9942	
	Subtotal: Line 9941 plus line 9942	B
	Subtotal: Amount A plus amount B	C
Partnership information (if applicable)		
Your share of amount C or the amount from your T5013 slip (enter the dollar amount)		D
Return of Fuel Charge Proceeds to Farmers Tax Credit allocated to you in the year (box 237 of your T5013 slip or amount provided by your partnership in a letter)		E
	Subtotal: Amount D plus amount E	F
Net income (loss) after adjustments (enter amount C or F, whichever applies)	9944	
Adjustment to business-use-of-home expenses (from Form T1175, if it applies)	9934	
GST/HST rebate for partners received in the year	9974	
Net farming income (loss). Add lines 9944, 9934, and 9974. See the following note . (Enter this amount on line 14100 of your income tax return.)	9946	

Note: If you have multiple operations, or additional expenses that apply to partnerships, add the amounts from line 9946 of the following forms:

- Form T1163, Statement A – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Individuals
- Form T1164, Statement B – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Additional Farming Operations

Enter the total on line 14100 of your income tax return.

Partnership information

Partnership name

Note: Enter a Participant identification number (PIN) for each of your partners. Enter the first and last names for individual partners. Enter the corporation's name for corporate partners. Your partnership's total shares must equal 100%.

Your % share of the partnership	%
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