

AgriStability 2022 Bee Supplementary Forms

Taxation year ending

January 1, 2022 through December 31, 2022

Submission deadline

September 30, 2023

See Guide for 2022 Supplementary Forms

A federal-provincial-territorial initiative









AFSC Hours: 8:15 am to 4:30 pm, Monday to Friday

Contact any Branch Office on the **AgriStability program** for inquiries, drop off or pick up of forms.

Or

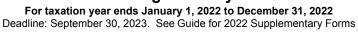
Call Toll-Free: 1.877.899.AFSC (2372) 8:15 am to 4:30 pm, Monday to Friday

Email: info@AFSC.ca
Website: www.afsc.ca

AFSC Connect: www.afsc.ca/login to access AFSC Connect

AFSC Branch office details can be found at www.afsc.ca.

AgriStability





2022 AgriStability Bee Supplementary Form

| Identification Number | Subscription | AgriStability PIN - add zeros at front to equ | al 8 digits Year |
|---|--|---|------------------|
| 8 7 0 | - | | |
| | | | |
| Client Information | | | |
| Business Name | | | |
| Business Address | | | |
| Contact Person (Must be a Client, or Share | | | |
| Contact reison (wast be a Client, or Share | enolder of the company) | | - |
| Fig. 18 1 d V | | | |
| Fiscal Period: Year Complete this section ONLY if the informat | Month | Day | |
| · | - | nously provided. | |
| Address Street / Mailing | Town / City | Province | Postal Code |
| Home / Business Phone Number | Cell | Fax | |
| Email | | | |
| Home Quarter Part Section Towns | County / MD | | |
| Part Section Towns | hip Range Meridian | | |
| | | | |
| Social Insurance number | Business number (BN) | Trust Taxation nu | mber |
| Social Insurance number | Business number (BN) | Trust Taxation nu | mber |
| Social Insurance number AgriStability Form Prepared by: | Business number (BN) | Trust Taxation nu | mber |
| | | Trust Taxation nu | mber |
| AgriStability Form Prepared by: Name | | | |
| AgriStability Form Prepared by: Name Address Street / Mailing | Town / City | Province | Postal Code |
| AgriStability Form Prepared by: Name | Town / City | Province | Postal Code |
| AgriStability Form Prepared by: Name Address Street / Mailing Home / Business Fax | Town / City Email | Province | Postal Code |
| AgriStability Form Prepared by: Name Address Street / Mailing | Town / City Email | Province | Postal Code |
| AgriStability Form Prepared by: Name Address Street / Mailing Home / Business Fax | Town / City Email | Province | Postal Code |
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| AgriStability Form Prepared by: Name Address Street / Mailing Home / Business Fax | Town / City Email | Province | Postal Code |
| AgriStability Form Prepared by: Name Address Street / Mailing Home / Business Fax | Town / City Email Chedule 2 and Schedule 3 | Province | Postal Code |
| AgriStability Form Prepared by: Name | Town / City Email Chedule 2 and Schedule 3 | Province | Postal Code |
| AgriStability Form Prepared by: Name | Town / City Email Chedule 2 and Schedule 3 | Province | Postal Code |









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| Identification Number | Subscription | AgriStability PIN | Year |
|-----------------------|--------------|-------------------|------|
| 8 7 0 | | | |

| Additional Information | |
|---|--|
| a) For any other additional information necessary to process your application (e.g. an ex or any structural change) please use the following space: | rplanation for a margin decline, share cows fed |
| | |
| | |
| | |
| b) Please enter your crop insurance AFSC ID number at the top of Schedule 2. | |
| | |
| Freedom of Information and Protection of Privacy Act | |
| The information on this form, and any information you provide to us in the future related to the Agriculture Financial Services Act (Alberta) and the Freedom of Information and Prote Act"). The collected information, whether personal information or business information, we the program to which this form relates; (ii) for the administration of the program; and/ or (in program or benefit in which you participate. Your personal information is subject to the purpose By submitting this form, you are providing your consent to AFSC disclosing and sharing the whether personal information or business information, or any other information that will be authorized representative, to the following third parties: B.C. Ministry of Agriculture, Albert Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manito Development, Manitoba Agriculture Services Corporation, Agriculture and Agri-Food Cant Canada. You consent that such disclosed and shared personal information and business ways: (i) for the administration of all current and future AFSC, federal and provincial programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program and (vi) for statistical purposes. | ection of Privacy Act (Alberta) (the "FOIP vill be used: (i) to evaluate your eligibility for iii) for the administration of any other AFSC rovisions of the FOIP Act. the information contained on this form, e provided in the future by you or your ta Ministry of Agriculture and Forestry, oba Ministry of Agriculture and Resource ada, Canada Revenue Agency and Statistics information may be used in the following rams related to agriculture, AFSC lending program development; (iii) for AFSC, federal am compliance; (v) for research development; |
| If you have any questions about this form and the collection and use of your information, Lacombe AB T4L 1B1, 1.877.899.2372. | please contact AFSC at 5718 - 56 Avenue, |
| | |
| Client Declaration: | |
| I declare that all of the information provided in this form is accurate and true and I underst discover that any of the information contained in this form is inaccurate or untrue. Should true, I agree that AFSC may cancel any application or approved subscription issued in rel | the information I provided not be accurate or |
| For individual participants the individual must sign. For corporations, and other sign. All partners must submit a separate application. | entities, authorized signatories must |
| Client Signature | Date |
| Client Signature | Date |
| Mailing Address: 5718 56 Avenue, Lacombe Alberta, | , T4L 1B1 |

Fax To: 403.782.8348 or 1.855.700.AFSC (2372)

Note: If first year in AgriStability, please submit an AgriStability Participant Declaration

| PIN: | | |
|--|--|--|
| Commission Coloradulo 4 o 4 b 4 o outri | f file income tour on a cook basis | |
| | f you file your income tax on a cash basis. | |
| Refer to Guide for 2022 Supplement | ary Forms. | |
| Round Numbers to the nearest dollar | | |
| | | <u> </u> |
| DEFERRED INCOME and F | RECEIVABLES: Schedule 1a C | HECK HERE IF NOTHING TO REPORT |
| | 1 | |
| DESCRIPTION | PRIOR YEARS INCOME DEFERRED TO PROGRAM YEAR I . | PROGRAM YEAR INCOME NOT RECEIVED BY YEAR END |
| Honey Sales: Bulk and Consumer Pack | \$ | \$ |
| Honey Sales: Alberta Honey Producers Coop | | 1 |
| Pollination Services | | |
| Wax, Pollen, Other Sales | | |
| Bee and other bee byproducts | | |
| Rebates | | |
| Production Insurance Benefits - Prior Year | | |
| Production Insurance Benefits - Current Year | | |
| Other (please describe) | | |
| | | |
| TOTAL | | |
| | | |
| ACCOUNTS PAYABLE: So | hedule 1b | HECK HERE IF NOTHING TO REPORT |
| DESCRIPTION | PRIOR YEAR EXPENSE PAID IN PROGRAM YEAR | CURRENT YEAR EXPENSES NOT PAID BY YEAR END |
| Honey | \$ | \$ |
| Bee Purchases | | |
| Feed: Sugar and Pollen Supplement | | |
| Medical expense: Medicinal Sugar/Bee Repellent | | |
| Freight & Trucking | | |
| Rebates | | |
| Containers | 1 | |
| Production Insurance Premiums | 1 | |
| Fuel & Oil | | |
| Electricity | | |
| Heating Fuel | | + |
| | | |
| Arms Length Salaries | | |
| Other (please describe) | | |
| | | |
| TOTAL | | |
| | | |
| | | _ |
| PURCHASED INPUTS: Sch | nedule 1c o | HECK HERE IF NOTHING TO REPORT |
| DESCRIPTION | PURCHASED IN PRIOR YEAR FOR CURRENT YEAR | PURCHASED IN CURRENT YEAR FOR NEXT YEAR |
| | \$ | \$ |
| Honey Bee Purchases | * | <u> </u> * |
| | | |
| Feed: Sugar and Pollen Supplement | 1 | |
| Medical expense: Medicinal Sugar/Bee Repellent | 1 | <u> </u> |
| Freight & Trucking | | |
| Rebates | | - |
| Containers | | |
| Production Insurance Premiums | | |
| Fuel & Oil | | |
| Arms Length Salaries | | |
| Other (please describe) | | |
| | | |
| TOTAL | | |

| PIN: | BEE AND HONEY P | RODUCTION | WORKSHE | ET Schedule 2 (must b | e completed) |
|------------------------|----------------------|-----------|---------|-----------------------------|--------------|
| 0 In | | | | CHECK HERE IF NOTHING TO RI | EPORT |
| Crop Insurance AFSC ID | For the program year | to | , 2022 | | 2021 |
| | | | | Crop Year (please check) | 2022 |
| | | | | | |

| Description | UOM O | Opening | Opening FMV | Productive Hives | Yield per Hive | Current Yr Prod'n | Sold during Year | Gifted | Closing Inventory | Closing FMV |
|-----------------------|-------|---------|----------------|---------------------|-------------------|----------------------|---------------------|--------|----------------------|-------------|
| | | | | | | | | | | |
| Honey Prior Year | | | | | | | | | | |
| | | | | | | | | | | |
| Current Year | | | | | | | | | | |
| | | | | | | | | | | |
| Wax Prior Year | | | | | | | | | | |
| | | | | | | | | | | |
| Current Year | | | | | | | | | | |
| | | | | | | | | | | |
| Pollen Prior Year | | | | | | | | | | |
| | | | | | | | | | | |
| Current Year | | | | | | | | | | |
| | | | | | | | | | | |
| Honey Comb Prior Year | | | | | | | | | | |
| | | | | | | | | | | |
| Current Year | | | | | | | | | | |
| | | | | | | | | | | |

| PIN: | BEE AND HONEY INVENTORY WORKSHEET | Schedule 3 (must be completed) |
|------|-----------------------------------|--------------------------------|
| | For the program year to , 2022 | |
| | CHECK | HERE IF NOTHING TO REPORT |

| Descript | ion | UOM | Opening | Opening Value | Splits | Purchases | Sold | Deaths | Transfer In | Transfer Out | Ending | \$ Value |
|----------|-------------|-----|---------|------------------|--------|-----------|------|--------|----------------|-----------------|--------|----------|
| | | | | | | | | | | | | |
| Queens | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Nucs | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Hives | Honey | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Hives | Pollination | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Number of hives not extracted | Reason | |
|-------------------------------|--------|--|
| Number of hives extracted | Reason | |
| Number of hives abandoned | Reason | |
| Number of hives destroyed | Reason | |

| Honey Sales: Current Year | UOM | Со-ор | Outside Sources | Other | Total Sales |
|---------------------------|-----|-------|-----------------|-------|-------------|
| | | | | | |



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