



AgriStability 2024 Bee Supplementary Forms

Taxation year ending

January 1, 2024 through December 31, 2024

Submission deadline

September 30, 2025

See Guide for 2024 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.

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

| Additional Information |
|--|
| <p>a) For any other additional information necessary to process your application (e.g. an explanation for a margin decline, share cows fed or any structural change) please use the following space:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>b) Please enter your crop insurance AFSC ID number at the top of Schedule 2.</p> |

| Freedom of Information and Protection of Privacy Act |
|--|
| <p>The information on this form, and any information you provide to us in the future related to this form, is collected under the authority of the Agriculture Financial Services Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta) (the "FOIP Act"). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/ or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.</p> <p>By submitting this form, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: B.C. Ministry of Agriculture and Food, Alberta Ministry of Agriculture and Irrigation, Saskatchewan Ministry of Agriculture, Saskatchewan Crop Insurance Corporation, Manitoba Ministry of Agriculture, Manitoba Agriculture Services Corporation, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC, federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; (iii) for AFSC, federal and provincial policy and program evaluation; (iv) for AFSC, federal and provincial program compliance; (v) for research development; and (vi) for statistical purposes.</p> <p>If you have any questions about this form and the collection and use of your information, please contact AFSC at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.</p> |

| Client Declaration: |
|---|
| <p>I declare that all of the information provided in this form is accurate and true and I understand that I must notify AFSC immediately if I discover that any of the information contained in this form is inaccurate or untrue. Should the information I provided not be accurate or true, I agree that AFSC may cancel any application or approved subscription issued in reliance on such provided information.</p> <p>For individual participants the individual must sign. For corporations, and other entities, authorized signatories must sign. All partners must submit a separate application.</p> <p>Client Signature _____ Date _____</p> <p>Client Signature _____ Date _____</p> <p style="text-align: center;">Mailing Address: 5718 56 Avenue, Lacombe Alberta, T4L 1B1 Fax To: 403.782.8348 or 1.855.700.AFSC (2372)</p> <p style="text-align: center;">Note: If first year in AgriStability, please submit an AgriStability Participant Declaration</p> |

PIN: _____

Complete Schedule 1a, 1b, 1c only if you file your income tax on a cash basis. Refer to Guide for 2024 Supplementary Forms.

Round Numbers to the nearest dollar

DEFERRED INCOME and RECEIVABLES: Schedule 1a **CHECK HERE IF NOTHING TO REPORT**

| DESCRIPTION | PRIOR YEARS INCOME DEFERRED TO PROGRAM YEAR | PROGRAM YEAR INCOME NOT RECEIVED BY YEAR END |
|--|---|--|
| Honey Sales: Bulk and Consumer Pack | \$ | \$ |
| Honey Sales: Alberta Honey Producers Coop | | |
| 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: Schedule 1b **CHECK 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 | | |
| Production Insurance Premiums | | |
| Fuel & Oil | | |
| Electricity | | |
| Heating Fuel | | |
| Arms Length Salaries | | |
| Other (please describe) | | |
| | | |
| TOTAL | | |

PURCHASED INPUTS: Schedule 1c **CHECK HERE IF NOTHING TO REPORT**

| DESCRIPTION | PURCHASED IN PRIOR YEAR FOR CURRENT YEAR | PURCHASED IN CURRENT YEAR FOR NEXT YEAR |
|--|--|---|
| Honey | \$ | \$ |
| Bee Purchases | | |
| Feed: Sugar and Pollen Supplement | | |
| Medical expense: Medicinal Sugar/Bee Repellent | | |
| Freight & Trucking | | |
| Rebates | | |
| Containers | | |
| Production Insurance Premiums | | |
| Fuel & Oil | | |
| Arms Length Salaries | | |
| Other (please describe) | | |
| | | |
| TOTAL | | |

PIN: _____

BEE AND HONEY PRODUCTION WORKSHEET

Schedule 2 (must be completed)

CHECK HERE IF NOTHING TO REPORT

Crop Insurance AFSC ID _____

For the program year _____ to _____, 2024

2023

Crop Year (please check) 2024

| Description | UOM | 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 _____, 2024

CHECK HERE IF NOTHING TO REPORT

| Description | 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 | Co-op | Outside Sources | Other | Total Sales |
|---------------------------|-----|-------|-----------------|-------|-------------|
| | | | | | |

Refer to Guide for 2024 Supplementary Forms



www.AFSC.ca • 1.877.899.AFSC (2372) •  @AFSC_AB