



# 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](mailto:info@AFSC.ca)

**Website:** [www.afsc.ca](http://www.afsc.ca)

**AFSC Connect:** [www.afsc.ca/login](http://www.afsc.ca/login) to access AFSC Connect

AFSC Branch office details can be found at [www.afsc.ca](http://www.afsc.ca).



## 2024 AgriStability Bee Supplementary Form

Identification Number	Subscription	AgriStability PIN	Year
870 _____	-	_____	_____

<b>Additional Information</b>
<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> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
<p>b) Please enter your crop insurance AFSC ID number at the top of Schedule 2.</p>

## 2024 AgriStability Bee Supplementary Form

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

### 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 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.

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.

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.

### Client Declaration:

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.

I acknowledge that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

**For individual participants the individual must sign. For corporations, and other entities, authorized signatories must sign. All partners must submit a separate application.**

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:** \_\_\_\_\_

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



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