



AgriStability 2024 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.

AgriStability

For taxation year ends January 1, 2024 to December 31, 2024

Deadline: September 30, 2025. See Guide for 2024 Supplementary Forms



2024 AgriStability Supplementary Form

Identification Number	AgriStability PIN - add zeros at front to equal 8 digits
8 7 0 _____	_____

Client Information
Business Name _____
Business Address _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Fiscal Period:	Year <input type="text"/>	Month <input type="text"/>	Day <input type="text"/>
You may complete this section ONLY if the information below has changed or was not previously provided.			
Address _____	_____	_____	_____
Street / Mailing	Town / City	Province	Postal Code
Home / Business _____	Cell _____	Fax _____	
Phone Number			
Email _____			
Home Quarter _____	_____	County / MD _____	
Part Section Township	Range Meridian		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Insurance number	Business number (BN)	Trust Taxation number	

You may provide the name of the Form Preparer:
Name _____
Home / Business _____
Phone / Cell Number

This form includes Schedules 1a, 1b, 1c, Schedule 2 and Schedule 3

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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2024 AgriStability Supplementary Form

Identification Number	AgriStability PIN - add zeros at front to equal 8 digits
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>_____</p> <p>b) Please enter your crop insurance AFSC ID number at the top of Schedule 2.</p>

Identification Number	AgriStability PIN - add zeros at front to equal 8 digits
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. You may use blank boxes for items not listed.

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
Crops (specify)	\$	\$
Crop and Hail Insurance payments		
Allowable Program Income (specify)		
Livestock (specify)		

UNPAID EXPENSES

Schedule 1b

CHECK HERE IF NOTHING TO REPORT

Description	Prior Year Expense Paid in Program Year	Current Year Expenses Not Paid by Year End
Livestock (specify)	\$	\$
Prepared Feed / Supplements		
Forage		
Seed		
Fertilizer and Lime		
Herbicides / Pesticides		
Fuel		
Crop Insurance Premiums		

PURCHASED INPUTS / PREPAID EXPENSES

Schedule 1c

CHECK HERE IF NOTHING TO REPORT

Description	Purchased in Prior Year for Current Year	Purchased in Current Year for Next Year
Prepared Feed / Supplements	\$	\$
Fertilizer and Lime		
Herbicides / Pesticides		

PIN: _____

LIVESTOCK INVENTORY WORKSHEET

Schedule 3 (must be completed)

For the program year _____ to _____, 2024

CHECK HERE IF NOTHING TO REPORT

Description	Program Year Starting Inventory		Births # of head	Purchases # of head	Average Purchase Weight	Sales # of head	Average Sale Weight	Deaths # of head	Transfers		Program Year Ending Inventory		
	# of head	Average Weight							In	Out	# of head	Average Weight	Fair Market Value
OWNED CATTLE: Breeding Bulls													
Bred Cows													
Bred Heifers													
Open Cows / Culls													
Calves Homeraised													
Purchased Calves													
Feeder Cattle													
Fat Cattle													
SWINE: Boars													
Sows and Gilts													
Weaners 0-50 lbs													
Growers 51-150 lbs													
Finishers 151-220 lbs													
Market Hogs 221-250 lbs													
YOUR SHARE CATTLE / OTHER:													

Starting Inventory (+) Births (+) Purchases (-) Sales (-) Deaths (+) Transfers In (-) Transfers Out = Ending Inventory

COMPLETE IF YOU CUSTOM FEED FOR INCOME:
 Type of animals custom fed (e.g. Beef feeders): _____
 Number of animals custom fed: _____
 Average custom feed days per animal: _____

Dairy: Number of Hectolitres Sold: _____
Poultry: Number of Dozen Eggs Sold: _____

Refer to Guide for 2024 Supplementary Forms



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