



AgriStability 2017 Supplementary Forms

Taxation year ending
January 1, 2017 through December 31, 2017

Submission Deadline:
September 30, 2018
See AgriStability Supplementary Forms (2017) Guide

A federal-provincial-territorial initiative

AFSC Contact
Phone: 1.877.899.AFSC (2372)
Email: info@AFSC.ca
Website: www.AFSC.ca
eForms: myAFSC.ca
Fax: 403.782.8348 or 1.855.700.AFSC (2372)

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) 8:00am to 6:00pm, Monday to Friday

Email: info@AFSC.ca

Website: www.afsc.ca

eForms: myAFSC.ca

List of AFSC Branch Offices

Athabasca	Oyen
Barrhead	Peace River
Brooks	Ponoka
Camrose	Provost
Claresholm	Red Deer
Drumheller	Rimbey
Fairview	Rocky View County
Falher	Sedgewick
Foremost	Smoky Lake
Grande Prairie	Spirit River
Grimshaw	St. Paul
Hanna	Stettler
High Prairie	Stony Plain
High River	Strathmore
Lacombe Branch Office	Taber
Lacombe Central Office	Thorhild
La Crete	Three Hills
Lamont	Vegreville
Leduc	Vermilion
Lethbridge	Vulcan
Manning (Tue, Wed, Thu only)	Wainwright
Medicine Hat	Westlock
Olds	

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

AgriStability

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2017 AgriStability Supplementary Form

Identification Number	Subscription	AgriStability PIN - add zeros at front to equal 8 digits	Year
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"/>
Complete this section ONLY if the information below has changed or was not previously provided.			
Address _____ <small>Street / Mailing</small>		Town / City _____	Province _____ Postal Code _____
Home / Business _____ <small>Phone Number</small>	Cell _____	Fax _____	
Email _____			
Home Quarter _____ <small>Part Section Township</small>		Range _____ <small>Meridian</small>	County / MD _____
<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"/>	
<small>Social Insurance number</small>		<small>Business number (BN)</small>	
		<small>Trust Taxation number</small>	

Authorized Representative (if applicable)			
Name _____			
Address _____ <small>Street / Mailing</small>		Town / City _____	Province _____ Postal Code _____
Home / Business _____ <small>Phone Number</small>	Fax _____	Email _____	

AgriStability Form Preparer (if other than AgriStability Participant)			
Name _____			
Address _____ <small>Street / Mailing</small>		Town / City _____	Province _____ Postal Code _____
Home / Business _____ <small>Phone / Cell Number</small>	Fax _____	Email _____	

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary

The personal information on this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the AFSC Client Contact Centre, 5718 56th Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

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>b) If you participated in any Insurance programs for the 2016 program year, please provide the related Identification Number(s):</p> <p>_____</p>

Consent Statement
<p>I/we consent to AFSC using our Business information for determining my/our eligibility for participation, the terms of such participation and for the administration of AFSC programs; to advise me about other AFSC programs and services, for policy and program development and evaluation, and for research and statistical purposes. AFSC may share my/our information with Agriculture and Agri-Food Canada and the Government of Alberta for policy and program development and evaluation, and for research and statistical purposes. I/we also consent to third parties releasing information to AFSC, to the exchange of information and retention of this information in the AFSC database as required.</p>

Client Declaration Renewal
<p>I hereby declare and acknowledge that:</p> <p>1. All of the information that I, my authorized agent and any other participant(s) named herein have provided to the Agriculture Financial Services Corporation is accurate, true, complete, correct and not misleading; and</p> <p>2. I understand and acknowledge that I remain bound by the terms and conditions set out in the original AgriStability Participant Declaration that I have signed, and that I am required within sixty (60) days to notify the Agriculture Financial Services Corporation in writing of any changes to the information provided by me, my authorized representative or any other participant(s) named in my original AgriStability Participant Declaration, including, but not limited to, any Canada Revenue Agency (CRA) Notice of Assessment, for any program year or for any reference year.</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 by mail an AgriStability Participant Declaration</p>

PIN: _____

Complete Schedule 1a, 1b, 1c only if you file your income tax on a cash basis Refer to AgriStability Supplementary Forms (2017) Guide
Round Numbers to the nearest dollar

DEFERRED INCOME and RECEIVABLES

Schedule 1a

CHECK HERE IF NOTHING TO REPORT

Description	Prior Years Income Received In or Deferred to Program Year	Program Year Income Deferred to Future Tax Year or Not Received by Year End
Crops (specify)	\$	\$
Crop and Hail Insurance payments		
Allowable Program Income (specify)		
Livestock (specify)		
TOTAL		

UNPAID EXPENSES

Schedule 1b

CHECK HERE IF NOTHING TO REPORT

Description	Unpaid Expenses at Beginning of Program Year	Unpaid Expenses at End of Program Year
Livestock (specify)	\$	\$
Prepared Feed / Supplements		
Forage		
Seed		
Fertilizer and Lime		
Herbicides / Pesticides		
Fuel		
Crop Insurance Premiums		
Other (specify)		
TOTAL		

PURCHASED INPUTS

Schedule 1c

CHECK HERE IF NOTHING TO REPORT

Description	Program Year Starting Inventory	Program Year Ending Inventory
Prepared Feed / Supplements	\$	\$
Fertilizer and Lime		
Herbicides / Pesticides		
Other (specify)		
TOTAL		

PIN: _____

LIVESTOCK INVENTORY WORKSHEET

Schedule 3 (must be completed)

For the program year _____ to _____, 2017

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 End 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: _____

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