



# AgriStability 2020 Supplementary Forms

**Taxation year ending**

January 1, 2020 through December 31, 2020

**Submission deadline**

September 30, 2021

See Guide for 2020 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).

# AgriStability

For taxation year ends January 1, 2020 to December 31, 2020 Deadline:  
September 30, 2021. See Guide for 2020 Supplementary Forms



## 2020 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	Month	Day
	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Complete this section <b>ONLY</b> if the information below has changed or was not previously provided.			
Address _____		Town / City _____	Province _____
Street / Mailing			Postal Code
Home / Business _____	Phone Number _____	Cell _____	Fax _____
Email _____			
Home Quarter _____	Part _____	Section _____	Township _____
		Range _____	Meridian _____
County / MD _____			
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Social Insurance number		Business number (BN)	Trust Taxation number

AgriStability Form Prepared by:
Name _____
Address _____
Street / Mailing
Town / City
Province
Postal Code
Home / Business _____
Phone / Cell Number
Fax _____
Email _____

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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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>_____</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 <i>Agriculture Financial Services Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i> (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 signing this form below, 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: Alberta Agriculture and Forestry, 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; and (iii) AFSC, federal, and provincial policy and program evaluation; (iv) for research and statistical development; and (v) for statistical purposes.</p>

Client Declaration:
<ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Service Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

**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 2020 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
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	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		
Other (specify)		
TOTAL		

**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		
Other (specify)		
TOTAL		



PIN: \_\_\_\_\_

# LIVESTOCK INVENTORY WORKSHEET

Schedule 3 (must be completed)

For the program year \_\_\_\_\_ to \_\_\_\_\_, 2020

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
<b>OWNED CATTLE:</b> Breeding Bulls													
Bred Cows													
Bred Heifers													
Open Cows / Culls													
Calves Homeraised													
Purchased Calves													
Feeder Cattle													
Fat Cattle													
<b>SWINE:</b> Boars													
Sows and Gilts													
Weaners 0-50 lbs													
Growers 51-150 lbs													
Finishers 151-220 lbs													
Market Hogs 221-250 lbs													
<b>YOUR SHARE CATTLE / OTHER:</b>													

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 2020 Supplementary Forms



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