



AGR History Worksheet

1. INSURANCE YEAR	2. POLICY NUMBER	3. CROP

4. INSURED INFORMATION		5. AGENT/AGENCY INFORMATION		6. STATE	7. COUNTY
Entity Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER				8. IRS ACCOUNTING METHOD	
				<input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
				9. OTHER INFORMATION	
				<input type="checkbox"/> More than one entity's 1040 F was used in one or more years. <input type="checkbox"/> Explanation and supporting documents have been submitted.	

10. INFORMATION FROM 5 YEARS OF TAX FORMS 1040 F

Tax Year				
Entity Name				
Entity Tax ID				
Explanation				

1040 F		11. ALLOWABLE INCOME				
		TAX YEAR			Explanation	
Accrual	Cash					
Line 38	Line 4					
Line 39B	Line 5B					
Line 41A	Line 7A					
Line 41C	Line 7C					
Line 44	Line 10					
Subtotal (Sum of Lines Above)						
Less Post Production Expense or non-AGR commodity income						
Allowable Income (Subtotal minus Post Prod. Expense Line)						



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1040F	12. ALLOWABLE EXPENSES					
LINE 35						
Plus Cost (line 2 or 50)						
Subtotal A						
1040 F	13. ENTER NON-ALLOWABLE EXPENSES BELOW					
Line 16						
Line 17						
Line 23A						
Line 23B						
Line 25						
Line 26A						
Line 26B						
Line 29						
Line 31						
Line 34A						
Line 34B						
Line 34C						
Line 34D						
Line 34E						
Line 34F						
Line 34G						
Line 34H						
Line 34I						
Line 34J						
Subtotal B (Add Lines 16-34)						
Allowable Expenses (Subtotal A minus Subtotal B)						



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14. COMMENTS:

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a re-computation of the approved adjusted gross revenue. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil false claims penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

15. INSURED SIGNATURE	DATE	16. AGENT'S SIGNATURE	DATE

Collection of Information and Data (Privacy Act) - To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

Nondiscrimination Statement - The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.