

Instructions for FSA-229

APPLICATION FOR TRADE ADJUSTMENT ASSISTANCE (TAA) FOR INDIVIDUAL PRODUCERS

Producers use this form to apply for Trade Adjustment Assistance Program benefits. Part D may be submitted as production evidence by applicants (such as fishing-vessel crewmembers or other producers) who were at risk in the production of the commodity and who were paid in cash for their share of the crop, but have no production evidence. Part D must be signed by the employer who marketed the commodity.

This form, including Part D if used, must be received in the USDA servicing office within the 90-day application period, as announced by USDA. Within this announced period, you must provide verifiable documentation of the quantity of production of the commodity reported on this form, and of your net income for the program year. Also within this 90-day period, you must provide documentation that you meet the net-income requirements for eligibility. Acceptable documentation can be, but is not limited to, tax returns or documentation from a certified public accountant or attorney such as financial statements, balance sheets, and reports prepared for the IRS or another U.S. Government agency. You have until September 30 of the current fiscal year to submit documentation of having received training from the Cooperative State Research, Education, and Extension Service to the FSA office.

If your application is selected for audit, you may be requested to submit supporting documentation to prove that your Average Adjusted Gross Income is in accordance with regulations found at 7 CFR Part 1400-G.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office. To submit this form by facsimile, applicants not residing in Alaska must have submitted an original signature on FSA-237, Facsimile Signature Authorization and Certification.

Applicants who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Producers must complete Items 1A through 2B.

Items 1A - 1H

| Field Name/ Item No. | Instructions |
|--|---|
| 1A Name and Address of Producer | Enter your name and official mailing address, including zip code. |
| 1B Telephone Number | Enter a telephone number, including area code where you can be reached. |
| 1C Producer ID or Tax ID No. | Enter your producer ID or tax ID number. |
| 1D Email Address | Enter your e-mail address. (If available) |
| 1E Crop Year | Enter the crop year in which the commodity you are applying for TAA benefits was marketed. |
| 1F Commodity | Enter the name of the commodity for which you are applying for benefits and the State where the commodity was marketed. |
| 1G Production | Enter the total quantity marketed of the commodity identified in Item 1F. You must provide verifiable records to substantiate the quantity marketed. Verifiable records will indicate the commodity, year of marketing, and location where marketed. If applying for an aquaculture commodity, enter the basis of the weight such as head-on, head-off, fillet, or other basis as appropriate to the commodity. Weight conversions will be provided by FSA if needed. |
| 1H Unit of Measure | Enter the unit of measure for the production (lbs., tons, cwt., bu., etc.) entered in Item 1G. |

Items 2A – 2B

| Field Name/ Item No. | Instructions |
|---------------------------------|--|
| 2A Producers Signature | <p>Read the certification statement and enter your signature certifying that the information submitted on this application is true and that you have read, understand, and agree to the certification statement in Part B.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.</p> |
| 2B Date | Enter the date the signature was entered in Item 2A. |

Part C, Items 3 through 9 are for FSA use only.

Items 10 - 16

| Field Name/ Item No. | Instructions |
|---------------------------------------|---|
| 10 Employer Name and Address | Enter the employer name and mailing address, including Zip code. |
| 11A Commodity | Enter the commodity. |
| 11B Crop Year | Enter the crop year. |
| 11C State Where Produced | Enter the State in which the commodity identified in item 11A was produced. For wild-catch seafood, enter the State where marketed. |
| 12 Employee/ Crewmember | List the names of all employees and/or crewmembers who received payments based on their share of production. |
| 13 Employee SSN or ID Number | Enter the SSN or ID number for each employee or crewmember listed in item 12. |
| 14 Production | Enter the pounds of production for each employee or crewmember based upon the methods used in item 18, or enter the amount of percentage share for each crewmember or employee. |
| 15 Company Name | Enter the company name or the name of the vessel. |
| 16 Other Company Identifier | Enter any other company identifier or boat permit number. |

Items 17A - 18

| Field Name/ Item No. | Instructions |
|---|---|
| 17A Employer Signature (Ship Captain) | Enter the signature of the employer or ship captain completing this application. |
| 17B Date | Enter the date the employer or ship captain signed Part D of the FSA-229. |
| 18 Remarks | Use this section to specify the manner in which the production from the ship is marketed when determining the weight. This section can also be used for any other comments related to this application. |