					Expiration Date: 10/31/2021	
<b>CCC-941</b> (03-03-21)	U.S. DEPARTMENT OF AGRIC Commodity Credit Corpora			1. Return completed form	to:	
	GE ADJUSTED GROSS INCOME (A					
	CONSENT TO DISCLOSURE OF T					
AND	CONSENT TO DISCLOSURE OF T			FAX Number:		
				(Name, address and fax number ( Service Center)	-	
(15 U.S.C. 7	statement is made in accordance with the Privacy Act of 1974 (5 USC 5 4 et seq.), the Food Security Act of 1985 (Pub. L. 99-198), the Agricultur	ral Act of 2014 (Pub. L. 113-79)	), and the Agriculture In	nprovement Act of 2018 (Pub. L. 115-334). The info	ormation will be used to determine eligibility for	
regulation an	program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USD A/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information is voluntarion of ineligibility for program benefits.					
Paperwork I	Paperwork Reduction Act (PRA) Statement: This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).					
Public Burd	en Statement: For CFAP 2.0 and QLA only, public reporting burden for	this collection is estimated to a	verage 30 minutes per	response, including reviewing instructions, gatherir	ng and maintaining the data needed, completing	
provisions of	<ul> <li>information), and reviewing the collection of information. You are not re- criminal and civil fraud, privacy, and other statutes may be applicable to</li> </ul>	the information provided. PL	EASE RETURN COMP	LETED FORM TO FSA AT THE ABOVE ADDRES	SS.	
2. Name and A	ddress of Individual or Legal Entity (Inclue	ding Zip Code)		er Identification Number (TIN) ual; or Employer Identificatior		
(Use the same na	ne and address as used for the tax return specified	in Part B.)				
PART A CER	TIFICATION OF AVERAGE ADJUSTED GR					
4. The progra	m year for payment eligibility					
a. 20_	<ul> <li>Enter the year for which program to taxable years preceding the most immost immost the 3-year period for the calculation of</li> </ul>	nediately precedin	g complete ta	xable year for which benefits a	are requested. For example,	
5. I certify th	at the average adjusted gross income of	f the individual or	legal entity ir	n Item 2 (for the year include	d in Item 4) was:	
	ess than (or equal to) \$900,000.		0 ,		,	
в. 🗌 м	/lore than \$900,000					
	SENT TO DISCLOSURE OF TAX INFORMA	TION				
Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:						
Form 1040 and 1040NR filers: farm income or loss; adjusted gross income Form 1120, 1120A, 1120C filers: charitable contributions, taxable income						
	farm income or loss, charitable contributions, in					
	options, adjusted total income; total income guaranteed payments to partners, ordinary busic		Form 990T: un	e <u>rs</u> : ordinary business income related business taxable income		
I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.						
Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agriculture Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.						
If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.						
,	ower of Attorney (Form FSA-211) on file w				, .	
By signing th	is form:					
<ul> <li>I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;</li> <li>I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;</li> </ul>						
- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;						
<ul> <li>I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;</li> <li>I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in</li> </ul>						
Item 2 (for legal entity only).						
6. Signature	(By)			ndividual if Signing in a v for a legal entity	8. Date <i>(MM-DD-YYYY)</i>	
race, color, national origin, re	ivil rights law and U.S. Department of Agriculture (USDA) civil rights regulations a ligion, sex, gender identity (including gender expression), sexual orientation, dis	ability, age, marital status, family/p	arental status, income der			
program or activity conducted	d or funded by USDA (not all bases apply to all programs). Remedies and comple	aint filing deadlines vary by progra	m or incident.			
rersons with disabilities who USDA through the Federal R	require alternative means of communication for program information (e.g., Braill elay Service at (800) 877-8339. Additionally, program information may be made	e, large print, audiotape, American available in languages other than l	sign Language, etc.) sho English.	uia contact the responsible Agency or USDA's TARGET	Center at (202) /20-2600 (voice and TTY) or contact	

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

# **GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A**

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

Adjusted Gross Income is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three-year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Individuals or legal entities with average <u>adjusted gross income</u> greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs.

# HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)

Individual – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.

Trust or Estate - the adjusted gross income is the total income and charitable contributions reported to IRS.

Corporation – the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.

Tax-exempt Organization – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

### HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. This table shows examples for applicable years to be used in determining average AGI.

IF the crop year is	THEN Average AGI will be based on the following years
2019	2017, 2016, and 2015
2020	2018, 2017, and 2016
2021	2019, 2018, and 2017
2022	2020, 2019, and 2018
2023	2021, 2020, and 2019

# **GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B**

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the time period specified. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. <u>An approved Power of</u> <u>Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.</u>

Item No./Field name		Instruction
1.	Return Completed Form To	Enter the name, address and fax number of the FSA county office or USDA service center where the completed CCC- 941 will be submitted.
2.	Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. <i>Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.</i>
3.	Taxpayer Identification Number	In the format provided, enter the <u>complete</u> taxpayer identification number of the person or legal entity identified in Item 2. <i>This will be either a Social Security Number or Taxpayer Identification Number</i> .
4.	Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5.	Average Adjusted Gross Income	Select the box next to the response that describes the <b>average adjusted gross income</b> for the applicable 3-year period for the program year entered in Item 4. <b>Select only one response.</b>
6.	Signature	Read the acknowledgments, responsibilities and authorizations, before affixing your signature.
		Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.
7.	Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.
8.	Date	Enter the signature date in month, day and year.
э.	Date	This form must be returned to FSA within 90 days of the signature date for the consent to be valid.

### **INSTRUCTIONS FOR COMPLETION OF CCC-941**