This for	rm is available electronically.			OMB Ex	xpiration Date: 01 <mark>-</mark> 31-2019
FSA-892 U.S. DEPARTMENT OF AGRICUL				1. Return completed form to:	
	Commodity Credit Corpo	oralion			
	REQUEST FOR AN EXCEPT	ION TO THE			
	2017 WHIP PAYMENT LIMITATION				
	2017 Wildfires and Hurricanes Indemnity F				
	2017 Whalifes and Humbanes indentitily F	-rogram (vvrni-) Only		(Name and address of FSA county office	e or USDA Service Center)
NOTE:					
	runic Burden Statement (Paperwork Reduction Act), instructions, gathering and maintaining the data needed, respond to the collection or FSA may not conduct or spor FORM TO YOUR COUNTY FSA OFFICE.	completing (providing the information	tion), an	d reviewing the collection of information. Y	ou are not required to
	e and Address (Including Zip Code) of Individua eneral partnership or joint venture, complete on			er Identification Number (TIN) (Soc ual; or Employer Identification Num	
DADT	A - REQUIREMENTS FOR WHIP PAY	MENT LIMITATION EX	/CEDI	TION	
	.7 WHIP payments received directly or indirect				ment limitation
Ho	wever, an exception to the \$125,000 payment yment limitation, but only if both of the following	t limitation is available in v			
•	at least 75% of the individual's or legal enti- was derived from farming, ranching or fores		s inco	me (AGI) for the taxable years of	2013, 2014, and 2015
•	a certification from a licensed CPA or an at least 75% of the individual's or legal entity's ranching, or forestry operations. The CPA similar statement that is acceptable to FSA	s average AGI for the taxa and/or Attorney may mee	ble yea	ars of 2013, 2014 and 2015 was (	derived from farming,
	Based on the above statements, select the	applicable box below:			
	A. YES (Requesting \$900,000 Payme	ent Limitation)	B. 🗌	NO (your payment limitation is	\$125,000)
PART	B - CERTIFICATION BY INDIVIDUAL (	OR ENTITY			
By cian	ing this form:				
- 1 - 1 2 - 1 - 1	facknowledge that I have read and reviewed all deal certify, if required, that all information contained 2014 and 2015 tax returns filed with the IRS for magnetic acknowledge, if required, that failure to provide the imitation; are certify that I am authorized under applicable state only).	l in a certification from a CP hyself or the legal entity that the certification described in	A or an is seeki this FS	attorney is true and correct, and is cong participation in 2017 WHIP; A-892 to FSA will result in a \$125,0	00 WHIP payment
5. Sign	ature (By)	6. Title/Relationshi representative c		individual if signing in a for a legal entity	7. Date (MM-DD-YYYY)
PΔRT	C – CERTIFICATION BY CERTIFIED P		/ AT	ORNEY	
	ing this form:	ODEIO AGCOGNIANI			
- I - I	acknowledge that I have read and reviewed all det certify the producer identified in Item 2 and TIN i nder 2017 WHIP as specified in Part A above.				)00 Payment Limitation
8. Signa	ature	9. Title (CPA/Attorney)		10. State/License Number	11. Date (MM-DD-YYYY)

OMB No. 0560-0291

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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#### **GENERAL INFORMATION ON 2017 WHIP PAYMENT LIMITATIONS**

Individuals or legal entities (other than general partnerships and joint ventures) that receive 2017 WHIP payments, directly or indirectly, cannot receive payments exceeding the applicable limitation (\$125,000 or \$900,000). Payments made, directly or indirectly, to a legal entity (other than general partnerships and joint ventures), or its members cannot exceed the \$125,000 or \$900,000 payment limitation, as applicable. If payments received, directly or indirectly, by a member of a legal entity receiving 2017 WHIP payments reach the applicable payment limitation, payments to the legal entity will be reduced in proportion to that member's direct or indirect ownership share in the legal entity.

All members of legal entities requesting to receive 2017 WHIP payments, directly or indirectly, in excess of the \$125,000 payment limitation must also complete this form and provide the required certification from a CPA or attorney.

### HOW TO DETERMINE ADJUSTED GROSS INCOME

Adjusted Gross Income (AGI) is the individual's or legal entity's IRS-reported adjusted gross income or equivalent (see below) consisting of both farm and nonfarm income.

Individual - Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income

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

Corporation - the adjusted gross income equivalent 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 INCOME FROM FARMING, RANCHING, AND FORESTRY OPERATIONS

Income received or obtained from the following sources:

Productions of crops, specialty crops, and raw forestry products.	Feeding, rearing, or finishing of livestock.
Production of livestock, aquaculture products used for food; honeybees;	Payments of benefits, including benefits from risk management practices,
and products produced by or derived from livestock.	crop insurance indemnities, and catastrophic risk protection plans.
Production of farm-based renewable energy.	Sale of land that has been used for agricultural purposes.
Sale, including easements and development rights, of farm, ranch, and	Payments and benefits authorized under any program made available and
forestry land, water or hunting rights, or environmental benefits.	applicable to payment eligibility and payment limitation rules.
Rental or lease of land or equipment used for farming, ranching, or forestry	Any other activity related to farming, ranching, and forestry, as determined
operations, including water or hunting rights.	by the Deputy Administrator of FSA.
Processing, packing, storing, and transportation of farm, ranch, forestry	Any income reported on Schedule F or other schedule used by the person
commodities including renewable energy.	or legal entity to report income from such operations to the IRS.

## HOW TO DETERMINE PERCENTAGE OF AVERAGE AGI FROM FARMING, RANCHING, AND FORESTRY OPERATIONS

- 1) Determine AGI and income from farming, ranching, and forestry for each of the taxable years 2013, 2014 and 2015.
- 2) For each of the 3 taxable years, divide the income from farming, ranching and forestry by the AGI for that year.
- 3) Total the percentages obtained in step 2 and divide by 3 to obtain the percentage of average AGI from farming, ranching and forestry operations.

This form can only be signed by the individual authorized under state law to sign this consent for the legal entity identified in Item 2.

# INSTRUCTIONS FOR COMPLETION OF FSA-892

	Item No./Field name	Instruction		
1.	Return Completed Form To	Enter the name and address of the FSA county office or USDA service center where the completed CCC-892 will be submitted.		
2.	Person or Legal Entity's Name and Address	Enter the individual's or legal entity's name and address.		
3.	Taxpayer Identification Number	In the format provided, enter the <u>complete</u> taxpayer identification number of the individual or legal entity identified in Item 2. This will be either a <b>Social Security Number or Taxpayer Identification Number</b> .		
4.	WHIP Payment Limitation Exception	Select the appropriate check box – 4A if the applicant is requesting a \$900,000 payment limit and meets the criteria. Or 4B if the applicant does not want the \$900,000 payment limit.		
5.	Signature	Read the acknowledgments, responsibilities and authorizations, before signing. (INDIVIDUAL OR ENTITY)		
6.	Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.		
7.	Date	Enter the signature date in month, day and year.		
8.	Signature	Read the acknowledgments, responsibilities and authorizations, before signing. (CPA or Attorney Only)		
9.	Title	Identify as applicable Certified Public Accountant (CPA) or Attorney		
10.	State/License Number	Enter applicable State you are licensed to practice in, followed by your associated individual license number.		
11.	Date	Enter the signature date in month, day and year.		