

## Instructions for CCC-941

### **AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION**

***This certification and consent to disclosure statement is to be used for the certification of compliance with the \$900,000 AGI limitation applicable to 2011 through 2023 crop, program, and fiscal year benefits.***

The completion of this form also allows access to and the use of the participant's tax information on file at the IRS as required by USDA to verify a program participant's compliance with the adjusted gross income (AGI) limitation for the receipt of commodity, conservation and price support program benefits. **See page 2 of the form for definitions and eligibility requirements.**

**Submit this completed form to the FSA county office or USDA Service Center at the address specified in Item 1.**

***Complete Items 1 through 3; Review Part A and complete Items 4 and 5; then Review Part B and complete Items 6 through 8.***

#### ***Items 1 - 3 Basic Information***

<b>Field Name / Item No.</b>	<b>Instruction</b>
1 County FSA Office or USDA Service Center Address	Enter the name , address and fax number of the county Farm Service Agency or USDA Service Center office where the completed form 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 and price support 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 ID No.	In the format provided, enter the <u>complete</u> social security or tax identification number of the person or legal entity identified in Item 2.

#### **Part A – Certification of Average Adjusted Gross Income**

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) amount for payment eligibility purposes and the years for which this consent allows access to tax information.
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Field Name / Item No.	Instruction
5 Average adjusted gross income	Select the box next to the response that describes the average adjusted gross income for the applicable 3-year period that corresponds to the year entered in Item 4. <i>(Select only one response).</i>

**Part B – Consent to Disclosure of Tax Information**

6 Signature	<p><b>Read the acknowledgments, responsibilities and authorizations, <i>before</i> affixing signature.</b></p> <p><i>For all types of legal entities, this form must be signed by a duly authorized representative under applicable state law.</i></p>
7 Title or Representative	If signing in a representative capacity for the individual or legal entity in Item 2, please include the title or relationship.
8 Date	Enter the signature date in month, day and year <i>(MM-DD-YYYY)</i> .