

FARM BUSINESS PLAN WORKSHEET

SUMMARY OF YEAR'S BUSINESS

Form not required. Do not return this completed form to your county fsa office; it is for your information only.

A. Name (Applicant/Borrower)	B. Date:	C. ☐ Projected/Income and Expense ☐ Actual Income and Expense
1. Total Farm Income		
2. Purchase of Livestock and other Commodities for Resale		
3. Gross Margin <i>(Item 1 minus Item 2)</i>		
4. Total Operating Expenses <i>(excluding depreciation)</i>		
5. Net Operating Income <i>(Item 3 minus Item 4)</i>		
6. Non-Farm Income		
7. Total Net Operating Income and Non-Farm Income <i>(Item 5 plus Item 6)</i>		
8. Owner Withdrawals, Income Taxes, and Non-Farm Expense		
9. Net Cash Income <i>(Item 7 minus Item 8)</i>		
10. Term Loan Principal Payments		
11. Margin After Debt Service <i>(Item 9 minus Item 10)</i>		
12. Loan Advances		
13. Capital Sales and Capital Contributions		
14. Beginning Cash/Cash Carryover from Previous Year's Operation		
15. Total Margin After Debt Service, Loan Advances, Capital Sales, Capital Contributions and Beginning Cash/Cash Carryover from Previous Year's Operation <i>(Total of Items 11, 12, 13 & 14)</i>		
16. Operating Loan Principal Payments and Debts Refinanced		
17. Capital Expenditures and Capital Withdrawals		
18. Total Operating Loan Principal Payments, Debts Refinanced, Capital Expenditures and Capital Withdrawals <i>(Item 16 plus Item 17)</i>		
19. Ending Cash On Hand <i>(Item 15 minus Item 18)</i>		

Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C 552a – as amended). The authority for requesting the information identified on this form is the Pub. L. 117 - 43, the Extending Government Funding and Delivering Emergency Assistance Act and the Pub. L. 117-328, Consolidated Appropriations Act, 2023. The information will be used to provide payments to eligible producers that apply for the Milk Loss Program. 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 USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA.

Public Burden Statement (Paperwork Reduction Act): According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0238. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov.

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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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

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