This fo	rm is a	vailable electronically.		ON	B Control Number: 0560-0297 Expiration Date: 03/31/2021
CCC-		U.S. DEPARTMENT OF AGR	ICULTURE	1. Return completed form	-
(09-21-2		Commodity Credit Corpo	oration		
A		GE ADJUSTED GROSS INCOME CONSENT TO DISCLOSURE OF		I	
	AND	CONSENT TO DISCEOSURE OF			
NOTE	Th - 6-1				ty office or USDA Service Center)
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1 Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-198), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improv of 2018 (Pub. L. 115-334). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local g 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 identi 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 will re determination of ineligibility for program benefits.					
	Paperv	ork Reduction Act (PRA) Statement: This information co	llection is exempted from the Paperwo	rk Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).
	the dat	Burden Statement: For CFAP 2.0 only, public reporting bu needed, completing (providing the information), and review nation unless it displays a valid OMB control number PL	ving the collection of information. You	are not required to respond to the collection, or US	
2. Nam	ie and	Address of Individual or Legal Entity (Incl		Taxpayer Identification Number (TIN ndividual; or Employer Identificatio	
(I lse the	same r	ame and address as used for the tax return specifie	ed in Part B)		
		RTIFICATION OF AVERAGE ADJUSTED G	í i l		
		ram year for payment eligibility			
		Enter the year for which program	henefits are requested	The period for calculation of the ave	erage AGI will be of the three
Α.	20_	taxable years preceding the most in the 3-year period for the calculation	nmediately preceding comp	lete taxable year for which benefits	are requested. For example,
5 . I c	ertify	hat the average adjusted gross income	of the individual or legal e	ntity in Item 2 (<i>for the year includ</i>	ed in Item 4) was:
Α		Less than (or equal to) \$900,000	_		
В	. 🗆	More than \$900,000			
Pursua	nt to 2	NSENT TO DISCLOSURE OF TAX INFORM 6 U.S.C. §6103, I hereby authorize the Inte 6103(b)(2)) from the returns (as specified i	rnal Revenue Service (IRS)		
Form 10 deductio	41 filer ons, ex	1040NR filers: farm income or loss; adjusted gr train income or loss, charitable contributions, mptions, adjusted total income; total income	, income distribution Form 11	20, 1120A, 1120C filers: charitable cont 20S filers: ordinary business income	
FORM 10	oo mer	guaranteed payments to partners, ordinary but the payments is payments in the payments is payments in the payments in the payments is payments in the payments in the payments in the payments in the payments is payments in the pay	Isiness income <u>Form 98</u>	01: unrelated business taxable income	
employe commo	ees of tl dity and	IRS will review these items of return informatic le United States Department of Agriculture (USI conservation programs. The calculations perfo tion received for compliance purposes related to	DA) for use in determining the i rmed by the IRS use a method	ndividual's or legal entity's eligibility for s ology prescribed by the USDA. In additi	pecified payments for various on, I am aware that the USDA may
Gross Ir	icome	RS will disclose to the USDA the individual's or le AGI) is above or below eligibility requirements a JSDA the type of return from which the informat	s prescribed by the Agricultura	I Act of 2014 or Agriculture Improvemen	
for any o	of the ta	ble to locate a return that matches the taxpayer xable years indicated, the IRS may disclose tha	t it was unable to locate a retu	n, or that a return was not filed, for thos	e years, whichever is applicable.
By sig - - - -	ning f l ackn l certi filed v l agre l am a identi l certi	Power of Attorney (Form FSA-211) on file his form: owledge that I have read and reviewe by that all information contained withi with the IRS; to authorize CCC to obtain tax data ware that without this consent to disc ied in Item 2 are confidential and are by that I am authorized under applicate (for legal entity only).	d all definitions and req n this certification is tru from the IRS for AGI co closure, the returns and protected by law under	uirements on Page 2 of this for e and correct; and is consisten mpliance verification purposes return information of the indivi the Internal Revenue Code;	m; t with the tax returns by filing this form; dual or legal entity
6. Sig				f the Individual if Signing in a pacity for a legal entity	8. Date (MM-DD-YYYY)
from discrim	inating ba	eral civil rights law and U.S. Department of Agriculture (USDA) civil righ ed on race, color, national origin, religion, sex, gender identity (including aliation for prior civil rights activity, in any program or activity conducted	g gender expression), sexual orientation, disat	ility, age, marital status, family/parental status, income deriv	ed from a public assistance program, political

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	1-2600
(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.	

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 and address 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 average adjusted gross income for the applicable 3-year period for the program year entered in Item 4. Select only one response.
6.	Cinneture	Read the acknowledgments, responsibilities and authorizations, before affixing your signature.
	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.
0.	Dale	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