	OMB No. 0560-0292
MB	Expiration Date: 04/30/2022

	is available electronically.				B Expiration Date: 04/30/2022
CCC-94				1. PROGRAM YEAR:	
05-19-20)) Commodity Credit Corporati	on	:	2. Return completed form of FSA county office or U	
	CERTIFICATION OF INCOME FRO RANCHING AND FORESTRY O				
NOTE:	The following statement is made in accordance with the Priva form is Sec. 5 of the Commodity Credit Corporation Act [15 U collected on this form may be disclosed to other Federal, Stat to the information by statue or regulation and/or as described (Automated).	S.C. 714 et seq]. The informate, Local government agencies,	tion will be u , tribal agenc	sed to determine eligibility for pro ies, and nongovernment entities t	gram benefits. The information hat have been authorized access
	Public Burden Statement (Paperwork Reduction Act): Pu instructions, gathering and maintaining the data needed, com to the collection or FSA may not conduct or sponsor a collecti YOUR COUNTY FSA OFFICE.	pleting (providing the informati	on), and revie	ewing the collection of information	n. You are not required to respond
	and Address of Individual or Legal Entity (Includ eral partnership or joint venture, complete only for each		(So	st (4) Digits - Taxpayer Ide cial Security Number for Individ mber for Legal Entity	
PART A	- CERTIFICATION OF FARM INCOME				
	viduals and Legal Entities exceeding the \$900,00 am authorizes the individual or legal entity to qu				penefits, when the
	at least 75 percent of the individual's or legal entity immediately preceding complete taxable year was 2019, then the 3-year period for the calculation will	derived from farming, ran	ching or fo	restry operations. For exam	
	a certification from a licensed CPA or an attorney is percent of the individual's or legal entity's average year was derived from farming, ranching, or forestr or providing a similar statement that is acceptable t	AGI for the 3 taxable year y operations. The CPA o	rs precedir	ng the most immediately pre	eceding complete taxable
PART B	- CERTIFICATION BY INDIVIDUAL OR E	ENTITY			
	g this form:				
et - I - I fi - I b - I e	acknowledge the average AGI for the applicable p ntity identified in Item 3. acknowledge that I have read and reviewed all de certify that all information contained in a certifica- led with the IRS for myself or the legal entity that acknowledge that failure to provide the certification enefit; certify that I am authorized under applicable states ntity only).	finitions and requirement ation from a CPA or attor is seeking to qualify for p on referenced in Part A to e law to sign this certifica	ts on Page rney is true orogram be o FSA will ution on be	2 of this form; e and correct, and is consis enefits subject to a certifica result in being ineligible fo half of the legal entity iden	tent with the tax returns tion of farm income; or the applicable program tified in Item 3 (for legal
5. Signa	ture (By)	7. Title/Relationship o Representative Cap		idual if Signing in a	8. Date (<i>MM-DD-YYYY</i>)
PART	C – CERTIFICATION BY CERTIFIED PUB	LIC ACCOUNTANT /	ATTORN		
- I ac	g this form: knowledge that I have read and reviewed all defin rtify the producer identified in Items 3 and 4 has n 1 1.				ram year identified in
9. Signat	ure 10	. Title (CPA/Attorney)	11	. State/License Number	12. Date (<i>MM-DD-YYYY</i>)
programs are j a public assist vary by progra	with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rig rohibited from discriminating based on race, color, national origin, religion, sex noce program, political beliefs, or reprisal or retaliation for prior civil rights activi m or incident. isabilities who require alternative means of communication for program informa	k, gender identity (including gender expl ity, in any program or activity conducted	ression), sexual I or funded by US	orientation, disability, age, marital status, f SDA (not all bases apply to all programs).	amily/parental status, income derived from Remedies and complaint filing deadlines

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

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 income and 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:

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

Note: Income from wages or dividends (except IC-DISC dividends derived from farm, ranch or forestry activities) earned through a farming operation is NOT farm income.

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

- 1) Determine the total AGI and the total income from farming, ranching, and forestry for each of the 3 taxable years preceding the most immediately preceding complete taxable year for which benefits are requested.
- 2) Total the AGI (both farm and nonfarm income) from all 3 years.
- 3) Total the income from farming, ranching and forestry from all 3 years.

4) Calculate the percentage of average adjusted gross farm income by dividing the result of step 3 by the result of Step 2. The percentage calculated must be equal to; or greater than 75 percent to qualify for program benefits.

This form can only be signed by the individual authorized under state law to sign as a representative of the legal entity identified in Item 3.

INSTRUCTIONS FOR COMPLETION OF CCC-942

Item No./Field name	Instruction(s)		
1. 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.		
2. Return Completed Form To Enter the name and address of the FSA county office or USDA service center where the completed CCC- 942 will be submitted.			
3. Individual or Legal Entity's Name and Address	Enter the individual's or legal entity's name and address.		
4. Taxpayer Identification Number	Enter the Last 4 Digits of the taxpayer identification number for the individual or legal entity identified in Item 3.		
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 Item3.		
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 Certified Public Accountant (CPA) or Attorney as applicable.		
10. State/License Number	Enter applicable State the CPA or attorney is licensed to practice in, followed by the associated individual license number.		
11. Date	Enter the signature date in month, day and year.		