	OMB No. 0560-0293
MB	Expiration Date: 04/30/2022

	s available electronically.				B Expiration Date: 04/30/2022
CCC-942			•	1. PROGRAM YEAR:	
CERTIFICATION OF INCOME FROM FARMING RANCHING AND FORESTRY OPERATIONS				 Return completed form of FSA county office or Us 	
fi C te	The following statement is made in accordance with the Priva form is Sec. 5 of the Commodity Credit Corporation Act [15 U ollected on this form may be disclosed to other Federal, Stat 5 the information by statue or regulation and/or as described Automated).	S.C. 714 et seq]. The information of the information of the seq sector of the seq sector of the sect	ation will be u , tribal agenci	sed to determine eligibility for pro ies, and nongovernment entities t	gram benefits. The information that have been authorized access
ii te Y	Public Burden Statement (Paperwork Reduction Act): Pub 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 information of information unless it disp	ion), and revie blays a valid C	ewing the collection of information DMB control number. RETURN T	n. You are not required to respond HIS COMPLETED FORM TO
	and Address of Individual or Legal Entity (Includ al 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				
5. Indivi	duals and Legal Entities exceeding the \$900,00 m authorizes the individual or legal entity to qu				penefits, when the
ir	t least 75 percent of the individual's or legal entity nmediately preceding complete taxable year was 019, then the 3-year period for the calculation will	derived from farming, rar	ching or fo	restry operations. For exam	
р У	certification from a licensed CPA or an attorney is ercent of the individual's or legal entity's average ear was derived from farming, ranching, or forestr r providing a similar statement that is acceptable t	AGI for the 3 taxable yea y operations. The CPA o	rs precedin	ig the most immediately pre	eceding complete taxable
PARTB	- CERTIFICATION BY INDIVIDUAL OR E	INTITY			
	this form:				
ent - Ia - Ic fill - Ia be - Ic en	cknowledge the average AGI for the applicable p tity identified in Item 3. tocknowledge that I have read and reviewed all de ertify that all information contained in a certifica- ed with the IRS for myself or the legal entity that tocknowledge that failure to provide the certification nefit; ertify that I am authorized under applicable state tity only).	finitions and requirement tion from a CPA or atto is seeking to qualify for p on referenced in Part A e law to sign this certifice	ts on Page rney is true program be to FSA will ation on be	2 of this form; e and correct, and is consist enefits subject to a certifica result in being ineligible fo half of the legal entity ident	tent with the tax returns tion of farm income; or the applicable program tified in Item 3 (for legal
. Signatı	ıre (By)	7. Title/Relationship o Representative Ca		idual if Signing in a	8. Date (MM-DD-YYYY)
	- CERTIFICATION BY CERTIFIED PUBI	LIC ACCOUNTANT /	ATTORN	IEY	
- I ack	this form: nowledge that I have read and reviewed all defin tify the producer identified in Items 3 and 4 has n 1.				ram year identified in
). Signatu	re 10	. Title (CPA/Attorney)	11	. State/License Number	12. Date (<i>MM-DD-YYYY</i>)
programs are pro public assistan ary by program	th Federal civil rights law and U.S. Department of Agriculture (USDA) civil rig hibited from discriminating based on race, color, national origin, religion, sex ce program, political beliefs, or reprisal or retaliation for prior civil rights activi or incident. abilities who require alternative means of communication for program informa	; gender identity (including gender exp ty, in any program or activity conducte	ression), sexual d d or funded by US	orientation, disability, age, marital status, fa 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 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:

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.
family members may be considered farm income when the legal entity is "Materially participating" means more than 50 percent of the legal entity's	

forestry sources. A representative of the legal entity must attach a certification to form CCC-942 attesting that the legal entity "materially participates" in a farm, ranch or forestry activity.

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 AGI 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 gualify 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.

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.

INSTRUCTIONS FOR COMPLETION OF CCC-942