

## Declaration of Income for Bona Fide Farmer Status

Mail to:

Department of Finance, **Taxation and Property Records** PO Box 1150, Charlottetown, PE C1A 7M8 Tel: (902) 368 4070 Fax: (902) 368 6164 www.princeedwardisland.ca Email: taxandland@gov.pe.ca

Deliver to: 95 Rochford Street

Shaw Building, 1st Floor Charlottetown, PE C1A 3T7

or: any Access PEI Centre

Section A - Accounting Firm

Name of Accountant:

Name of Firm: **Mailing Address:**  Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-4070.

For Office Use Only: Fuel Permit No. :		

This form is used in lieu of the applicant providing the most recent year's income tax return. The form must be completed by an accountant with a professional accounting designation, signed by all parties, and returned with the application form to **Taxation and Property Records Division.** 

City/Town/Village:						Province:	Postal Code:	
Telephone: (	)	Fax: (	)		Email:			
Section B – Applicant Information								
Individual 🗆	Partnership		Corp	oration 🗅				
Name of Individua	al, Partnership	or Corp	oratio	n:				
Business Name (i	f applicable):							
Mailing Address:								
City/Town/Village	:					Province:	Postal Code:	
Section C - Break	down of Total	Gross I	ncom	e Reported o	n Incon	ne Tax Return	Most Recent	
Sc	ources of Gros	ss Incom	ne on I	ncome Tax F	26turn		Taxation Year:	
Sources of Gross Income on Income Tax Return For example: farming, investments, pension, etc.				Percentage of Total Gross Income				
							of Lotal Gros	
								%
								%
								%
								%
								%
								%
								%
								%
Total Income							100%	
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	urces listed on the Statement of Income ar					
Type of Operation	Income Sources From Op	eration	Percentage (%) of Source Income to Total Operation Income			
Section E – Authorization						
I authorize <b>the accounting firm named in Section A</b> to release any financial information to Taxation and Property Records Division for the purpose of determining eligibility for a Bona Fide Farmer Status.						
Name of Applicant or Au	thorized Signing Officer	Title				
Signature		Date				
Accounting firm to comple	ete (A) or (B)					
(A) I certify that I have a professional accounting designation, and I have personally reviewed the income tax return(s) for <b>the applicant named in Section B.</b> All required tax information, including all schedules and Notice(s) of Assessment, have been reviewed by me and I have personal knowledge of the information contained herein.						
Name of Accountant						
Signature		Date				
reviewed the income tax re	a professional accounting firm and a staff membeturn(s) for <b>the applicant named in Section B.</b> ent, have been reviewed by the staff member when the staff members when th	All required tax informat	tion, including all schedules			
Name of Contact		Title				
Stamp of Accounting Fir	m or Authorizing Signature	Date				

Section D – Breakdown of Farming Income