

CCC-580S (12-01-08)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. County Code	3. Fiscal Year
MILK INCOME LOSS CONTRACT (MILC) SUPPLEMENTAL		2. State Code	4. MILC Contract Number

5A. Name and Physical Address of Dairy Operation:	5B. Doing Business As (If applicable):	6. Contact Producer's Name and Address
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PART A - BUSINESS TYPE

7. Check the applicable business type for the dairy operation, listed in Item 5A.

A. <input type="checkbox"/> Individual (Check one): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> An alien lawfully admitted to the U.S. and possessing an I-551 <input type="checkbox"/> YES <input type="checkbox"/> NO (Continue to Part H)	B. <input type="checkbox"/> General Partnership C. <input type="checkbox"/> Joint Venture D. <input type="checkbox"/> Corporation E. <input type="checkbox"/> Limited Partnership	F. <input type="checkbox"/> Revocable/Living Trust G. <input type="checkbox"/> Irrevocable Trust H. <input type="checkbox"/> Estate I. <input type="checkbox"/> Other: _____
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J. For County Use Only (Was I-551 shown?) YES NO

8. Date Operation Formed - If the participant listed in Item 5A is other than an individual enter the date operation/entity was formed: _____

PART B - MEMBERS – (If other than an individual, list all members having an interest in the entity.)

9. Members/Heir/Beneficiaries Name <i>(If member is a minor child, also complete Part H)</i>	10. Check Applicable box			11. Tax ID No. <i>(9 digits)</i>	12. % Share	13. Position
	A. U.S. Citizen	B. Alien with I-551				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

14. For Trusts or Estates, list the name of the Trustee, Executor or Administrator	A. Name	B. Position
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NOTE: If any member entered in Item 9 is an entity complete Parts C through F, as applicable.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PART C – ENTITY INFORMATION

15. For each individual or entity who is a member of this entity, list the member's name, their social security/employer/taxpayer identification number, address, and percentage share of ownership. If a member has all types of identification numbers, list all. If more than one member, listed in Part B is an entity provide the requested information for each legal entity on supplemental sheets.

A. Entity Name:

B. Members Name	C. Check Applicable box				D. Tax ID No. (9 digits)	E. Address	F.		
	U.S. Citizen	Alien with I-551		OTHER					%
		YES	NO						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	

G. For County Office Use Only (Was an alien Registration Receipt Card (form I-551) shown?) YES NO

PART D - EMBEDDED ENTITY INFORMATION

16. For any member listed in Part C, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has all types of identification numbers, list all. If more than one member, listed in Part C is an entity, provide the requested information for each entity on supplemental sheets:

A. Embedded Entity Name:

B. Members Name	C. Check Applicable box				D. Tax ID No. (9 digits)	E. Address	F.		
	U.S. Citizen	Alien with I-551		OTHER					%
		YES	NO						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	

G. For County Office Use Only (Was an alien Registration Receipt Card (form I-551) shown?) YES NO

PART E - EMBEDDED ENTITY INFORMATION

17. For any member listed in Part D, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has all types of identification numbers, list all. If more than one member, listed in Part D is an entity, provide the requested information for each entity on supplemental sheets:

A. Embedded Entity Name:

B. Members Name	C. Check Applicable box				D. Tax ID No. (9 digits)	E. Address	F.		
	U.S. Citizen	Alien with I-551		OTHER					%
		YES	NO						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				%	

G. For County Office Use Only (was an alien Registration Receipt Card (form I-551) shown?) YES NO

PART F - EMBEDDED ENTITY INFORMATION

18. For any member listed in Part E, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has all types of identification numbers, list all. If more than one member, listed in Part E is an entity, provide: the requested information for each entity on supplemental sheets:

A. Embedded Entity Name:

B. Members Name	C. Check Applicable box				D. Tax ID No. (9 digits)	E. Address	F. Percent Share
	U.S. Citizen	Alien with I-551		OTHER			
		YES	NO				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			%

G. For County Office Use Only (Was an alien Registration Receipt Card (form I-551) shown?) YES NO

PART G – INPUTS TO THE DAIRY OPERATION

19. For each individual, entity or joint operation that provides inputs to the dairying operation shown in Item 5A, enter the name and the percentage of each input provided. Attach additional pages if necessary.

A. Name of individual, entity or joint operation providing the input	B. Land	C. Capital	D. Equipment	E. Labor	F. Management
	%	%	%	%	%
	%	%	%	%	%
	%	%	%	%	%
	%	%	%	%	%

20. For any of the following inputs to the Dairy Operation listed in Item 5 which are shared with any other Dairy Operation, please provide an explanation of those arrangements:

A. INPUT	B. EXPLANATION
(1) CAPITAL: Including bank accounts, vendor accounts, veterinary or other expenses, dairy herd animals, milk marketings.	
(2) EQUIPMENT: Including facilities, barns, milk tanks, milking equipment, or other equipment used in the operation.	
(3) LAND: Including land where barns and turn-out pastures are located.	

PART H – PRODUCERS WHO ARE MINORS

21. Is any heir, beneficiary, or member who is listed in Parts B through F under 18 years of age? YES NO (For each person under 18, provide the following information.)

A. Individual, Members, Heirs, or Beneficiaries Name and Date of Birth	B. Parents' or Guardians' Name and Tax ID No. (9 digit)	C. Parents or Guardians Address

PART I – DAIRYING INTERESTS

22. Do any of the individuals, members, heirs or beneficiaries listed in Parts B through H have any interest in a dairy operation which is conducted under any name other than as listed in Items 5A or 5B.

A. "YES," I or one or more members, heirs or beneficiaries, have other dairying interests (Complete Part J).

B. "NO," no individual, member, heir or beneficiary has any other dairying interests.

PART J – OTHER DAIRY INTERESTS

23. Enter the following information for all interest you have in any other dairy operation, or if other than an individual, for all interests each member, heir or beneficiary have in any other dairy operation,

A. Name of Individual, Member, Heir, or Beneficiary	B. Name of Other Dairying Interest(s)	C. Tax ID No. (9 digits) of Other Dairying Interest	D. County(ies) and State(s) Where Dairying Interest(s) are Located

PART K - CERTIFICATION

I certify that all information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided. By signing this form I acknowledge that evidence such as tax records, certified public accountant certification, or other documentation may be required to validate these representations.

24A. Representative's Signature of Payment Entity (By)	24B. Title/Relationship of the Individual Signing in the Representative Capacity	24C. Date (MM-DD-YYYY)
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NOTE: The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246 and any amendments to such act as may follow). The information requested is necessary for CCC to consider and process the offer to enter into a Milk Income Loss Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**