

PRODUCER'S OPERATING STATEMENT

1 Financial Information for the Year Ending

Fiscal Year 2017 (July 1, 2016 to March 31, 2017)

2 Name of Feed Developer

3 Type of Feeds (place an "X" in the appropriate box):

<input type="checkbox"/> Aquaculture	<input type="checkbox"/> Beef	<input type="checkbox"/> Pork	<input type="checkbox"/> Poultry	<input type="checkbox"/> Sheep, Lambs & Goats
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4 Basis of Accounting (place an "X" in the appropriate box):

<input type="checkbox"/> Accrual	<input type="checkbox"/> Tax	<input type="checkbox"/> Cash	<input type="checkbox"/> Modified Cash
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5 If modified cash, explain modification:

Note: The name listed on this form must be exactly the same name listed on your Form A Qualification for reimbursement under the Livestock Feed Reimbursement Program FY2014.

PART I: PRODUCER'S ANNUAL OPERATING STATEMENT

6 Gross Sales	(a)	<input style="width: 95%;" type="text"/>
7 Cost of Production	(<input style="width: 95%;" type="text"/>
8 Gross Profit		<input style="width: 95%;" type="text"/>
9 General, Administrative and Operating Expense	(<input style="width: 95%;" type="text"/>
10 Other Expense	(<input style="width: 95%;" type="text"/>
11 Income Tax Expense	(<input style="width: 95%;" type="text"/>
14 Net Income	(b)	<input style="width: 95%;" type="text"/>
15 Annual Profit Percentage Limitation	(c)	<input style="width: 95%;" type="text"/>
16 Annual Profit Limitation	(a)*(c)=(d)	<input style="width: 95%;" type="text"/>
17 Net Income in Excess of Annual Profit Limitation	(b)-(d)	<input style="width: 95%;" type="text"/>

PART II: QUALIFIED PRODUCER QUESTIONNAIRE

17 As of the date of this request, I certify that I have met the feed developer requirement as defined under "Qualified Feed Developer" Livestock Feed Development Program under Act 221, SLH, 2016.

<input type="checkbox"/> Yes - Requirements met	<input type="checkbox"/> No - Requirements not met
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PART III: ANNUAL TAX CLEARANCE

18 To receive the reimbursement, please attach a valid Tax Clearance Form A-6 unless already provided through the Hawaii Compliance Express via the State Department of Accounting and General Services.

I hereby certify as owner, officer, partner, manager or member that the statements contained on this statement are true and correct.

19 SIGNATURE OF APPLICANT

TITLE (owner, president, etc.) DATE

This statement must be signed, whether the accountant uses this form or his own.

SIGNATURE OF CPA OR PA <input style="width: 350px; height: 20px;" type="text"/>	LICENSE #	<input style="width: 95%;" type="text"/>
TITLE (owner, president, etc.) <input style="width: 350px; height: 20px;" type="text"/>	STATE	<input style="width: 95%;" type="text"/>
		EXPIRATION DATE <input style="width: 150px; height: 20px;" type="text"/>

SHALL BE PREPARED AND SIGNED BY A LICENSED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT HOLDING A CURRENT PERMIT TO PRACTICE. IF LICENSED IN ANOTHER STATE, PROVIDE A COPY OF A CURRENT LICENSE.

Note: Financial information prepared by bookkeepers and tax preparers are not acceptable.

The Hawaii Department of Agriculture shall maintain the confidentiality of the information submitted pursuant to the Livestock Feed Reimbursement Program to the extent permitted by law. The disclosure of government records in the State of Hawaii is governed by chapter 92F, Hawaii Revised Statutes.

Mail completed form to: Hawaii Dept of Agriculture Aquaculture & Livestock Support Services Livestock Feed Reimbursement Program 99-941 Halawa Valley Street Aiea, HI 96701-5602	For Office Use Only Verified by _____ on _____ Postmark / Date Received
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