

**SUPPLEMENTAL STATEMENT REGARDING FARMING ACTIVITIES  
OF PERSON LIVING OUTSIDE THE U.S.A.**

*(This statement is to be completed by a beneficiary living on a farm or operating a farm outside the United States.) (See Page 4 for Privacy Act/Paperwork Act Notice.)*

NAME OF BENEFICIARY	SOCIAL SECURITY CLAIM NUMBER
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1a. GIVE THE DATE YOUR FARM RESIDENCE OR OPERATION BEGAN OUTSIDE THE U.S.	1b. GIVE THE DATE IT ENDED	1c. HOW DID IT END? <i>(Sale, lease of land, etc.)</i>
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2a. DO YOU OWN THE FARM? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," go on to question 3)</i>	2b. GIVE NAME OF THE OWNER AND INDICATE HIS RELATIONSHIP TO YOU
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2c. EXPLAIN THE TYPE OF AGREEMENT OR CONTRACT YOU HAVE WITH THE OWNER

2d. HOW ARE YOU PAID? *(Check one)*

DAILY   
  WEEKLY   
  MONTHLY   
  OTHER *(Specify)*

3. WHAT PHYSICAL OR MANAGEMENT SERVICES DO YOU PERFORM IN CONNECTION WITH THE FARM?

4a. WHAT IS THE LAND AREA OF THE FARM?	4b. HOW MUCH OF THIS LAND IS USED FOR		
	(1) GROWING CROPS	(2) GRAZING ANIMALS	(3) ORCHARDS <i>(Olive, fig, or other food-bearing trees or vines)</i>
			(4) OTHER <i>(Explain)</i>

**Answer Questions 5 through 12 if you own or operate the farm. Be sure to sign this statement.**

5. Give below the types and quantity of livestock, poultry, crops, and produce RAISED on the farm in the present year and last year.

PRESENT YEAR			LAST YEAR		
a. TYPES OF LIVESTOCK AND POULTRY	NO. OF HEAD		TYPES OF LIVESTOCK AND POULTRY	NO. OF HEAD	
b. TYPES OF CROPS	LAND AREA USED	YIELD	TYPES OF CROPS	LAND AREA USED	YIELD

6. Give below the following information about the livestock, poultry, crops, and produce SOLD.

PRESENT YEAR			LAST YEAR		
ITEMS	QUANTITY	AMT. RECEIVED <i>(local currency)</i>	ITEMS	QUANTITY	AMT. RECEIVED <i>(local currency)</i>

7. Give below the following information about livestock, poultry, crops or produce which the family used or bartered.

PRESENT YEAR				LAST YEAR			
ITEM	AMT. USED ON FARM	AMOUNT BARTERED	AMT. AND KIND OF GOODS AND/OR SERVICES RECEIVED IN EXCHANGE FOR BARTERED GOODS	ITEM	AMT. USED ON FARM	AMOUNT BARTERED	AMT. AND KIND OF GOODS AND/OR SERVICES RECEIVED IN EXCHANGE FOR BARTERED GOODS

8. Give below the following information about other income or payments received from your farming operation (such as government agricultural program payments, patronage dividends, breeding fees, etc.)

PRESENT YEAR		LAST YEAR	
TYPE OF INCOME	AMOUNT RECEIVED <i>(local currency)</i>	TYPE OF INCOME	AMOUNT RECEIVED <i>(local currency)</i>

9. Give description and age of farm equipment or machinery you have (such as tractor, wagon, truck, etc.) *(If none, show none.)*

10. What animals do you have to work the farm? *(If none, show none.)*

11a. Give the name and relationship to you (if any) of each person working on the farm.

NAME	RELATIONSHIP	DESCRIBE DUTIES PERFORMED

b. HOW ARE THEY PAID? (Check appropriate box or boxes)

CROP OR LIVESTOCK SHARE     
 CASH WAGE     
 ROOM AND BOARD     
 OTHER (Specify)

12. List expenses (in local currency) for the present year and last year.  
(Do not include material supplied by Government agencies.)

YEAR	TYPE OF EXPENSE	COST	TYPE OF EXPENSE	COST
1. Present 2. Last	Labor hired	1. 2.	Electricity, gasoline and other fuel	1. 2.
1. Present 2. Last	Feed, seeds and fertilizer purchased	1. 2.	Livestock and poultry purchased	1. 2.
1. Present 2. Last	Veterinary fees	1. 2.	Taxes and interest on farm notes	1. 2.
1. Present 2. Last	Machine hire	1. 2.	Other expenses (Specify below)	1. 2.
1. Present 2. Last	Farm supplies and cost of repairs	1. 2.		1. 2.

REMARKS: (This space may be used for any additional information you may wish to give)

Knowing that anyone making a false statement or representation of a material fact in application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

If this statement has been signed by mark (x), or fingerprint, two witnesses who know the signer must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS

SIGNATURE OF PERSON COMPLETING THIS STATEMENT  
(First name, middle initial, last name) (Write in ink)

SIGN HERE 

ADDRESS OF WITNESS (Street number, city and country)

STREET ADDRESS

2. SIGNATURE OF WITNESS

CITY, COUNTRY, POSTAL CODE

ADDRESS OF WITNESS (Street number, city and country)

DATE (Month, day and year)

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## PRIVACY ACT/PAPERWORK ACT NOTICE

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The information requested on this form is sought pursuant to the authority granted in 42 U.S.C. 403(b), 403(c), and 405(a). The information provided will be used to confirm past and continuing entitlement to benefits and to determine whether such benefits are subject to deductions. Other uses which may be made of the information are summarized below. Failure to provide all or any part of the requested information is cause for suspension of benefit payments. It is required that an individual under full retirement age receiving retirement insurance benefits report any noncovered work which he or she engaged in outside the United States. The failure to report these events may result in penalty deductions being made from benefit payments. This notice is given pursuant to section 3 of the Privacy Act of 1974. If you need help in completing this form, the people at any U.S. Embassy or consular post will be glad to help you.

### OTHER USES WHICH MAY BE MADE OF THE INFORMATION

The information you furnish on this form may be disclosed by SSA to another governmental agency for the following purposes:

1. To assist SSA in establishing the right of an individual to Social Security coverage and/ or benefits;
2. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; and
3. To comply with Federal laws requiring the exchange of information between SSA and another agency.

*See Revised PRA, Attached*

~~**PAPERWORK REDUCTION ACT STATEMENT:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 60 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*