

**(RECORD 5 OUTPUT FORMAT for SUMMARY)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Incoming Filename	1	20	X(20)	
2	Request Record Type	21	2	9(02)	Required. Must be 05.
3	Reinsurance Year	23	4	9(04)	
4	Approved Insurance Provider	27	2	X(02)	
5	Location State	29	2	9(02)	
6	Policy Issuing Company	31	3	9(03)	
7	Policy Number	34	7	9(07)	
8	Crop Year	41	4	9(04)	
9	Crop Code	45	4	9(04)	
10	Insurance Plan Code	49	2	9(02)	
11	Location County	51	3	9(03)	
12	Record Type	54	4	X(04)	Must be SUMM.
13	Reported Planted Acres	58	15	9(08)V9(06)	
14	Reported Double Planted Acres	73	15	9(08)V9(06)	
15	Reported Failed Acres	88	15	9(08)V9(06)	
16	Reported Prevented Acres	103	15	9(08)V9(06)	
17	Reported Experimental Acres	118	15	9(08)V9(06)	
18	Reported Zero Acres	133	15	9(08)V9(06)	
19	Determined Planted Acres	148	15	9(08)V9(06)	
20	Determined Double Planted Acres	163	15	9(08)V9(06)	
21	Determined Failed Acres	178	15	9(08)V9(06)	
22	Determined Prevented Acres	193	15	9(08)V9(06)	
23	Determined Experimental Acres	208	15	9(08)V9(06)	
24	Determined Zero Acres	223	15	9(08)V9(06)	
25	Total Compliance Detail Records	238	3	X(03)	
26	FSA Compliance Info As of Date	241	10	X(10)	