

(RECORD 5 OUTPUT FORMAT for SHARING)

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 SHAR.
13	Person Sharing Record Number	58	3	9(03)	
14	Program Year	61	4	9(04)	
15	FSN	65	7	9(07)	
16	Tract	72	7	9(07)	
17	CLU	79	4	X(04)	
18	Sub-Field	83	2	X(02)	
19	FSA Crop Code	85	4	9(04)	
20	Person Sharing Name	89	65	X(65)	
21	Person Sharing Business Name	154	50	X(50)	
22	Person Sharing Percent	204	6	9V9999	
23	Person Weighted Share Amount	210	16	9(10)V9(05)	
24	FSA Compliance Info As of Date	226	10	X(10)	