FORM APPROVED OMB No. 0960-0064

FARM ARRANGEMENT QUESTIONNAIRE

PRIVACY ACT: The questions on this form are authorized by section 211 (a)(1) of the Social Security Act, as amended (42U.S.C. 411 (a)(1)). While it is voluntary for you to complete this form, failure to answer the following questions would cause the Social Security Administration to make a decision on your claim based on the information available. The information given by you on this form will be used to determine if the income you received is covered for Social Security purpose and may affect your eligibility for Social Security benefits.

The information collected is needed to make that determination. The Information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the right of a beneficiary to Social Security benefits; (2) to facilitate statistical research and audit activities necessary to ensure the Integrity and Improvement of the Social Security programs; and (3) comply with laws requiring the exchange of information between the Social Security Administration and another agency.

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conductor sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

1.	NAME OF SELF-EMPLOYED PERSON		2. SOCIAL SECURITY NO.	3. PE	RIOD COVERED	
				FRO	VI:	
				TO:		
4.	NAME AND ADDRESS OF OTHER PARTY	TO ARRANGEMENT.			5. FAMILY RELATIONSHIP (If none, write "None")	
6.	DESCRIPTION OF ARRANGEMENT,	AGREEMENT OR UNDERSTANDING (I	f in writing, attach a copy)			
_	DATE ARRANGEMENT BEGAN	B. HOW LONG WAS ARRANGEMENT TO				
Ç.	CROPS AND LIVESTOCK TO BE PRODUC	ED (List)				
D.	HOW INCOME AND EXPENSES (OR NET	PROFITS AND LOSSES) WERE TO BE SHAR	ED.			
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Ε.	OTHER FEATURES OR CHANGES IN ARR	ANGEMENT.				
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_	WO	PV /Describe in detail the work	parformed by such april			
7. KIN	ID OF WORK - (include such activities as bu	RK - (Describe in detail the work) Iying and selling as well as physical labor)	DATE WOR	, , , , , , , , , , , , , , , , , , ,	DATE WORK	TOTAL HRS.
			BEGAN	,,,	ENDED	WORKED
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8. INSPECTIONS	9. ADVICE AND CONSULTATION
(Indicate for each stage below what inspections were made by the person named In Item 1, how often, purpose and changes resulting. If there was no inspection during a particular stage, indicate "None.")	(Indicate for each stage below what was talked about, how often meetings were held, advice given, and action taken. If there was not advice and consultation during a particular stage, indicate "None.")
CROP AND LIVESTOCK PLANNING	CROP AND LIVESTOCK PLANNING
GROUND BREAKING AND PLANTING	GROUND BREADING AND PLANTING
GROWING PERIOD	GROWING PERIOD
HARVESTING AND MARKETING	HARVESTING AND MARKETING
ANY OTHER NOT DESCRIBED ABOVE.	ANY OTHER NOT DESCRIBED ABOVE.
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10. MANAGEMENT DECISIONS (Indicate what decisions each party made during the stages decisions were made jointly. Include such items as what, when, where and how to plant, con when, what, where to buy and sell; agricultural standards to follow; participation in a negotiated purchases and sales; who decided what help to hire and how much to pay them, a any additional help, etc.)	ultivate, spray, harvest, etc.; government programs; who
CROP AND LIVESTOCK PLANNING	
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GROUND BREAKING AND PLANTING	
GROWING PERIOD	
HARVESTING AND MARKETING	- 1
HANVESTING AND MANKETING	
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ADDITIONAL MANAGEMENT DECISION (Include any decisions not described above. If more space is needed, attach a separate sheet.)	
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