

See Revised Privacy Act Statement Attached

FARM SELF-EMPLOYMENT QUESTIONNAIRE

Privacy Act/Paperwork Act Notice:

The questions on this form are authorized by section 211 (a) of the Social Security Act, as amended (42 U.S.C. 411). While it is not mandatory 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 that you provide on this form will be used to determine if you are self-employed as a farmer, and it may affect your eligibility for social security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

1. NAME OF SELF-EMPLOYED PERSON		SOCIAL SECURITY NUMBER	
2. THIS RELATES TO PERIOD (DATES)		DID YOU LIVE ON THE FARM DURING THIS PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "NO," HOW FAR FROM THE FARM DID YOU LIVE?
FROM	TO		

3. HOW LARGE WAS THE FARMING OPERATION DURING THIS PERIOD? *(Total acreage, acreage cultivated, crop allotments, usual size of herds, etc.)*

4. WHAT WAS YOUR STATUS WITH REGARD TO THIS FARMING OPERATION? *(Check appropriate box or boxes according to local terminology)*

OWNER OWNER-OPERATOR PARTNER LANDLORD TENANT SHARECROPPER OTHER *(Specify)*

5. DID ANY OTHER PERSON WORK OR HELP WORK THE FARM? IF "YES," ANSWER (A), (B), (C).

<input type="checkbox"/> YES <input type="checkbox"/> NO	(A) NAME OF THE OTHER PERSON(S) AND FAMILY RELATIONSHIP. IF ANY.
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(B) WHAT DID THE OTHER PERSON DO IN CONNECTION WITH THE FARMING OPERATION?

(C) HOW WAS THE OTHER PERSON PAID?

CROP OR LIVESTOCK SHARE CASH WAGES ROOM & BOARD OTHER *(Specify)*

6. WAS ANY RENTAL INCOME (EITHER CASH OR CROP SHARE) INCLUDED IN FIGURING YOUR NET EARNINGS FROM SELF-EMPLOYMENT FOR THIS PERIOD?

YES NO

7. WAS ANY INCOME FROM THE SALE OF LIVESTOCK *NOT HELD FOR SALE* BEEN INCLUDED IN FIGURING YOUR NET EARNINGS FROM SELF-EMPLOYMENT. (NOT HELD FOR SALE REFERS TO LIVESTOCK SUCH AS WORK, DAIRY, OR BREEDING ANIMALS HELD PRIMARILY FOR THE PRODUCTION OF OTHER FARM COMMODITIES.)

YES NO

IF "YES," ENTER THE AMOUNT OF SUCH INCOME

\$

REMARKS:

Multiple horizontal lines for entering remarks.

See Revised PRA Statement Attached

~~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 conduct or 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 10 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.~~

NOTICE: Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN HERE 

Telephone Number (include area code)

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State

Zip Code

Enter Name of County (if any) in which you now live

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, & ZIP Code)

Address (Number and street, City, State, & ZIP Code)

SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Section 211(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information that you provide on this form will be used to determine if you are self-employed as a farmer, and it may affect your eligibility for Social Security benefits. Your response is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information you supply for any purpose other than for determining self-employment as a farmer. We may, however, disclose the information provided on this form in accordance with approved routine uses of the Privacy Act (5 U.S.C. § 552a(b)), which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Records Notices 60-0044, 60-0059, 60-0089 and 60-0103. The notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security Office.

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 10 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401*