

**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?	
FROM	TO	IF "NO," HOW FAR FROM THE FARM DID YOU LIVE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

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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).

YES       NO

(A) NAME OF THE OTHER PERSON(S) AND FAMILY RELATIONSHIP, IF ANY.

(B) WHAT DID THE OTHER PERSON DO IN CONNECTION WITH THE FARMING OPERATION?

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(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. HAS 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

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REMARKS:

Multiple horizontal lines for entering remarks.

**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 THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.**

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, 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)