

**SUPPLEMENTAL STATEMENT REGARDING FARMING ACTIVITIES  
OF PERSON LIVING OUTSIDE THE U.S.A.**

*(This statement is to be completed by a beneficiary living on a farm or operating a farm outside the United States.) (See Page 4 for Privacy Act/Paperwork Act Notice.)*

|   |   |  |  |
|---|---|--|--|
| NAME OF BENEFICIARY   |   | SOCIAL SECURITY CLAIM NUMBER                           |  |
| 1a. GIVE THE DATE YOUR FARM RESIDENCE OR OPERATION BEGAN OUTSIDE THE U.S.   | 1b. GIVE THE DATE IT ENDED                                      | 1c. HOW DID IT END? <i>(Sale, lease of land, etc.)</i> |  |
| 2a. DO YOU OWN THE FARM?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>(If "Yes," go on to question 3)</i>  | 2b. GIVE NAME OF THE OWNER AND INDICATE HIS RELATIONSHIP TO YOU |  |  |
| 2c. EXPLAIN THE TYPE OF AGREEMENT OR CONTRACT YOU HAVE WITH THE OWNER   |   |  |  |
| 2d. HOW ARE YOU PAID? <i>(Check one)</i><br><input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <i>(Specify)</i> |   |  |  |
| 3. WHAT PHYSICAL OR MANAGEMENT SERVICES DO YOU PERFORM IN CONNECTION WITH THE FARM?   |   |  |  |
| 4a. WHAT IS THE LAND AREA OF THE FARM?  | 4b. HOW MUCH OF THIS LAND IS USED FOR                           |  |  |
|   | (1) GROWING CROPS   | (2) GRAZING ANIMALS                                    | (3) ORCHARDS <i>(Olive, fig, or other food-bearing trees or vines)</i> |
|   |   |  | (4) OTHER <i>(Explain)</i>   |

**Answer Questions 5 through 12 if you own or operate the farm. Be sure to sign this statement.**

5. Give below the types and quantity of livestock, poultry, crops, and produce RAISED on the farm in the present year and last year.

| PRESENT YEAR                      |                |       | LAST YEAR                      |                |       |
|-----------------------------------|----------------|-------|--------------------------------|----------------|-------|
| a. TYPES OF LIVESTOCK AND POULTRY | NO. OF HEAD    |       | TYPES OF LIVESTOCK AND POULTRY | NO. OF HEAD    |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
| b. TYPES OF CROPS                 | LAND AREA USED | YIELD | TYPES OF CROPS                 | LAND AREA USED | YIELD |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |
|                                   |                |       |                                |                |       |

6. Give below the following information about the livestock, poultry, crops, and produce SOLD.

| PRESENT YEAR |          |  | LAST YEAR |          |  |
|--------------|----------|--|-----------|----------|--|
| ITEMS        | QUANTITY | AMT. RECEIVED<br><i>(local currency)</i> | ITEMS     | QUANTITY | AMT. RECEIVED<br><i>(local currency)</i> |
|              |          |  |           |          |  |
|              |          |  |           |          |  |
|              |          |  |           |          |  |
|              |          |  |           |          |  |
|              |          |  |           |          |  |

7. Give below the following information about livestock, poultry, crops or produce which the family used or bartered.

| PRESENT YEAR |                   |                 |  | LAST YEAR |                   |                 |  |
|--------------|-------------------|-----------------|--|-----------|-------------------|-----------------|--|
| ITEM         | AMT. USED ON FARM | AMOUNT BARTERED | AMT. AND KIND OF GOODS AND/OR SERVICES RECEIVED IN EXCHANGE FOR BARTERED GOODS | ITEM      | AMT. USED ON FARM | AMOUNT BARTERED | AMT. AND KIND OF GOODS AND/OR SERVICES RECEIVED IN EXCHANGE FOR BARTERED GOODS |
|              |                   |                 |  |           |                   |                 |  |
|              |                   |                 |  |           |                   |                 |  |
|              |                   |                 |  |           |                   |                 |  |
|              |                   |                 |  |           |                   |                 |  |

8. Give below the following information about other income or payments received from your farming operation (such as government agricultural program payments, patronage dividends, breeding fees, etc.)

| PRESENT YEAR   |  | LAST YEAR      |  |
|----------------|--|----------------|--|
| TYPE OF INCOME | AMOUNT RECEIVED<br><i>(local currency)</i> | TYPE OF INCOME | AMOUNT RECEIVED<br><i>(local currency)</i> |
|                |  |                |  |
|                |  |                |  |
|                |  |                |  |
|                |  |                |  |

9. Give description and age of farm equipment or machinery you have (such as tractor, wagon, truck, etc.) *(If none, show none.)*

10. What animals do you have to work the farm? *(If none, show none.)*

11a. Give the name and relationship to you (if any) of each person working on the farm.

| NAME | RELATIONSHIP | DESCRIBE DUTIES PERFORMED |
|------|--------------|---------------------------|
|      |              |                           |
|      |              |                           |
|      |              |                           |
|      |              |                           |

b. HOW ARE THEY PAID? (Check appropriate box or boxes)

- CROP OR LIVESTOCK SHARE     
  CASH WAGE     
  ROOM AND BOARD     
  OTHER (Specify)

12. List expenses (in local currency) for the present year and last year.

(Do not include material supplied by Government agencies.)

| YEAR                  | TYPE OF EXPENSE                      | COST     | TYPE OF EXPENSE                      | COST     |
|-----------------------|--------------------------------------|----------|--------------------------------------|----------|
| 1. Present<br>2. Last | Labor hired                          | 1.<br>2. | Electricity, gasoline and other fuel | 1.<br>2. |
| 1. Present<br>2. Last | Feed, seeds and fertilizer purchased | 1.<br>2. | Livestock and poultry purchased      | 1.<br>2. |
| 1. Present<br>2. Last | Veterinary fees                      | 1.<br>2. | Taxes and interest on farm notes     | 1.<br>2. |
| 1. Present<br>2. Last | Machine hire                         | 1.<br>2. | Other expenses (Specify below)       | 1.<br>2. |
| 1. Present<br>2. Last | Farm supplies and cost of repairs    | 1.<br>2. |                                      | 1.<br>2. |

REMARKS: (This space may be used for any additional information you may wish to give)

**Knowing that anyone making a false statement or representation of a material fact in application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.**

|  |   |
|--|---|
| If this statement has been signed by mark (x), or fingerprint, two witnesses who know the signer must sign below, giving their full addresses. | SIGNATURE OF PERSON COMPLETING THIS STATEMENT<br>(First name, middle initial, last name) (Write in ink) |
| 1. SIGNATURE OF WITNESS  | SIGN HERE   |
| ADDRESS OF WITNESS (Street number, city and country)   | STREET ADDRESS  |
| 2. SIGNATURE OF WITNESS  | CITY, COUNTRY, POSTAL CODE  |
| ADDRESS OF WITNESS (Street number, city and country)   | DATE (Month, day and year)  |

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## PRIVACY ACT/PAPERWORK ACT NOTICE

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The information requested on this form is sought pursuant to the authority granted in 42 U.S.C. 403(b), 403(c), and 405(a). The information provided will be used to confirm past and continuing entitlement to benefits and to determine whether such benefits are subject to deductions. Other uses which may be made of the information are summarized below. Failure to provide all or any part of the requested information is cause for suspension of benefit payments. It is required that an individual under full retirement age receiving retirement insurance benefits report any noncovered work which he or she engaged in outside the United States. The failure to report these events may result in penalty deductions being made from benefit payments. This notice is given pursuant to section 3 of the Privacy Act of 1974. If you need help in completing this form, the people at any U.S. Embassy or consular post will be glad to help you.

### OTHER USES WHICH MAY BE MADE OF THE INFORMATION

The information you furnish on this form may be disclosed by SSA to another governmental agency for the following purposes:

1. To assist SSA in establishing the right of an individual to Social Security coverage and/ or benefits;
2. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs; and
3. To comply with Federal laws requiring the exchange of information between SSA and another agency.

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