

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 for another person or agency for the following purposes: (1) to determine your eligibility for Social Security benefits; (2) to facilitate statistical research and audit; and (3) to comply with laws requiring the exchange of information.

Please see below for revised Privacy Act and Paperwork Reduction Act Statements.

Information may be disclosed by the Social Security Administration in establishing the right of a beneficiary to Social Security benefits, the integrity and improvement of the Social Security programs; and for the administration and another agency.

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of 5 U.S.C. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a unique identification 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.

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1. NAME OF SELF-EMPLOYED PERSON	2. SOCIAL SECURITY NO.	3. PERIOD COVERED FROM: TO:
4. NAME AND ADDRESS OF OTHER PARTY TO ARRANGEMENT.		5. FAMILY RELATIONSHIP (If none, write "None")

6. DESCRIPTION OF ARRANGEMENT, AGREEMENT OR UNDERSTANDING (If in writing, attach a copy)

A. DATE ARRANGEMENT BEGAN	B. HOW LONG WAS ARRANGEMENT TO LAST?
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C. CROPS AND LIVESTOCK TO BE PRODUCED (List)

D. HOW INCOME AND EXPENSES (OR NET PROFITS AND LOSSES) WERE TO BE SHARED.

E. OTHER FEATURES OR CHANGES IN ARRANGEMENT.

7. WORK - (Describe in detail the work performed by each party)

KIND OF WORK - (Include such activities as buying and selling as well as physical labor)	DATE WORK BEGAN	DATE WORK ENDED	TOTAL HRS. WORKED

8. INSPECTIONS <i>(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.")</i>	9. ADVICE AND CONSULTATION <i>(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.")</i>
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.

10. MANAGEMENT DECISIONS *(Indicate what decisions each party made during the stages described below, and what decisions were made jointly. Include such items as what, when, where and how to plant, cultivate, spray, harvest, etc.; when, what, where to buy and sell; agricultural standards to follow; participation in government programs; who negotiated purchases and sales; who decided what help to hire and how much to pay them, and who supervised and paid any additional help, etc.)*

CROP AND LIVESTOCK PLANNING

GROUND BREAKING AND PLANTING

GROWING PERIOD

HARVESTING AND MARKETING

ADDITIONAL MANAGEMENT DECISION *(Include any decisions not described above. If more space is needed, attach a separate sheet.)*

11. EXPENSES - (List Major Items)			
EXPENSES PAID OR ADVANCED BY PERSON NAMED IN ITEM 1.	AMOUNT	EXPENSES PAID OR ADVANCED BY OTHER PARTY	AMOUNT

12. CAPITAL CONTRIBUTIONS
NAME OF PERSON WHO FURNISHED LAND, BUILDINGS AND IMPROVEMENTS ON THE LAND.

MAJOR ITEMS OF MACHINERY, EQUIPMENT, AND LIVESTOCK CONTRIBUTED TO PRODUCTION ACTIVITIES.			
BY PERSON NAMED IN ITEM 1	VALUE	BY OTHER PARTY	VALUE

13. FINANCIAL OPERATION. (Describe the financial operation. Was a business bank account maintained? In whose name(s)? Who can draw on the account? For what purpose? Who decided if and when to borrow? In whose name were any loans taken, etc.?)

14. WHOSE NAME OR NAMES APPEAR IN CONNECTION WITH THE FOLLOWING: (If not applicable, write "None.")

(A) BUSINESS LICENSES AND PERMITS.	(E) BILLS TO CUSTOMERS FOR SALES
(B) FEDERAL AGRICULTURAL PROGRAM AGREEMENTS	(F) INSURANCE POLICIES.
(C) MEMBERSHIP IN FARM COOPERATIVES.	(G) ADVERTISEMENTS AND SIGNS.
(D) BILLS FROM CREDITORS FOR PURCHASES	(H) BUSINESS CONTRACTS WITH OTHERS.

IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE SHEET

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

DATE	SIGNATURE
	

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Privacy Act Statement

Farm Arrangement Questionnaire

Section 211 (a)(1) of the Social Security Act (42 U.S.C. 411 (a)(1)), as amended, authorizes us to collect this information. We will use the information you provide to determine if the income you received is covered for Social Security purposes, and whether it may affect your eligibility for Social Security benefits.

The information you furnish on this form is voluntary. However, failure to answer the following questions may cause a delay in our decision regarding your benefits.

We rarely use the information you supply for any purpose other than making a determination as to whether your self-employed workers' farm earnings should be included in your Social Security earnings record. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, 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 comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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 our Systems of Records Notices entitled, Earnings Record and Self-Employment Income System, 60-0059, and Claims Folder System, 60-0089. These 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.