SOCIAL SECURITY ADMINISTRATION TOE 420 Form Approved OMB No. 0960-0061

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 <u>Federal Register</u>. If you want to learn more about this, contact any Social <u>Security office</u>.

Social Securit	y benenits.			about ti	iis, contact an	iy Social Security of	ice.	
1. NAME OF	SELF-EMPLOYED PERSON	N				SOCIAL SECURITY NU		
2. FROM	1	TO PERIOD (DATES)		DID YOU LIVE ON DURING THIS PER		IF ''NO,'' HOW FAR F	ROM THE FARM DID YO	U LIVE?
THOW		10		YES	NO			
3. HOW LAR	GE WAS THE FARMING OF	PERATION DURING T	HIS PERIOD? (Total	l acreage, acreage c	ultivated, crop al	llotments, usual size of h	erds, etc.)	
4. WHAT W	AS YOUR STATUS WITH R	EGARD TO THIS FAR	RMING OPERATION	? (Check appropriat	e box or boxes a	according to local termina	ology)	
OW	NER OWNER- OPERATOR	PARTNE	R LAND	DLORD TE	NANT	SHARECROPPER	OTHER (Specify)	
	OTHER PERSON WORK OR F "YES." ANSWER (A). (B).		(A) NAME OF TH	ie other Person(S) AND FAMILY	RELATIONSHIP. IF ANY		
(B) WHAT DID	THE OTHER PERSON DO I	N CONNECTION WITH	H THE FARMING OF	PERATION?				
	THE OTHER PERSON PAID OP OR LIVESTOCK SHARE		WAGES I	ROOM & BOARD	OTHER (Specify	<i>'</i>)		

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YES		NO						\$
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d it is true and correct	to th	ne best of m	ny knowled	lge. I unde	erstand	l that anyon	e who knov	wingly gives a false or misleading statemer
							STATEME	
gnature <i>(First name,</i>	mid	dle initial,	last name	e) (Write	in ink,)		Date (Month, day, year)
SIGN HERE						Telephone Number (include area code)		
ailing Address (Num	ber a	and street,	Apt. No.,	, P.O. Bo	x, or F	Rural Route	e <i>)</i>	
ty and State					Zip C	ode	Enter Nam	e of County (if any) in which you now live
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