

**FSA-578 Manual**  
(10-15-03)

**U.S. Department of Agriculture**  
**Farm Service Agency**

PAGE  
OF

**REPORT OF ACREAGE**

See Page 2 for Privacy Act and Public Burden Statements.

1. FARM NO.	2. FARMLAND	3. CROPLAND	4. PROGRAM YR.	7. KEY	8. NAMES OF OTHER PRODUCERS	9. ID NUMBER	10. OTHER FARMS
5. OPERATOR NAME AND ADDRESS			6. OTHER FARMS				

11. PHOTO NO. - LEGAL DESCRIPTION							
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12. TRACT NO.	13. FIELD NO.	14. CROP OR LAND USE	15. PRAC-TICE 1/	16. CROP STATUS 2/	17. CROP OR LAND USE SUMMARY (Maple trees, after number enter "T"; Honey, after number enter "H")								18. KEY	19. SHARE
20. TOTAL OPERATOR REPORT			→											
21. TOTAL DETERMINED ACREAGE			→											

22. OPERATOR'S CERTIFICATION - I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. I understand that an inaccurate acreage report could result in a payment reduction or loss of program benefits and/or reduction in future allotments and quotas when applicable.

A. OPERATOR'S SIGNATURE      B. DATE (MM-DD-YYYY)      A. OPERATOR'S SIGNATURE      B. DATE (MM-DD-YYYY)      A. OPERATOR'S SIGNATURE      B. DATE (MM-DD-YYYY)

- 1/ I = Irrigated      N = Nonirrigated
- O = Other (Honey or Maple Sap)
- 2/ I = Initial      E = Experimental
- P = Prevented      IF = Initial Failed
- F = Failed      IP = Initial Prevented
- S = Subsequent Crop      SF = Subsequent Failed
- D = Double Crop      DF = Double-cropped Failed
- R = Repeat      DP = Double-cropped Prevented

23. REMARKS/SKETCHES

*The following statement is made in accordance with the Farm Security and Rural Investment Act of 2002, (Pub. L. 107-171). The information will be used to determine to whom program benefits will be paid. Furnishing the requested information is voluntary; however, failure to furnish the correct and complete information will result in a determination of ineligibility for program benefits. This information maybe provided to other agencies IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, maybe applicable to the information provided.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0004. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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