This form is available electronically. Form Approved – OMB No. 0560-0004 FSA-578 Manual U.S. Department of Agriculture PAGE (12-31-2012)Farm Service Agency REPORT OF ACREAGE OF See Page 2 for Privacy Act and Paperwork Reduction Act Statements. 8. 10. FARM NO. **FARMLAND CROPLAND** PROGRAM YR. KEY NAMES OF OTHER PRODUCERS **ID NUMBER** OTHER FARMS 5. OPERATOR NAME AND ADDRESS 6. OTHER FARMS KEY 11. PHOTO NO. - LEGAL DESCRIPTION 15. 16. 12 13. 14. 17. CROP OR LAND USE SUMMARY (Maple trees, after number enter "T"; Honey, after number enter "H") 18. 19. TRACT PRAC-**CROP** KEY SHARE **FIELD** CROP OR LAND USE **STATUS** NO. TICE 1/ NO. 2/ 20. TOTAL OPERATOR REPORT 21. TOTAL DETERMINED ACREAGE 22. CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required 1/ I = Irrigated N = Nonirrigated crops/commodities and land uses have been reported for the farms as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop O = Other (Honey or Maple Sap) for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured. A. CERTIFIER'S SIGNATURE (By): B. DATE A. CERTIFIER'S SIGNATURE (By): B. DATE A. CERTIFIER'S SIGNATURE (By): 2/ I = Initial E = Experimental P = Prevented IF = Initial Failed (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YYYY) F = Failed IP = Initial Prevented S = Subsequent Crop SF = Subsequent Failed D = Double Crop DF = Double-cropped R = Repeat Failed DP = Double-cropped V - Volunteer Prevented

23.	REMARKS/SKETCHES

Page 2

NOTE

FSA-578 Manual (proposal 2)

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to collect report of acreage and land use data needed to determine program eligibility. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

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 30 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.

The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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