

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO <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> <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 <i>(local currency)</i>	ITEMS	QUANTITY	AMT. RECEIVED <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 <i>(local currency)</i>	TYPE OF INCOME	AMOUNT RECEIVED <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 2. Last	Labor hired	1. 2.	Electricity, gasoline and other fuel	1. 2.
1. Present 2. Last	Feed, seeds and fertilizer purchased	1. 2.	Livestock and poultry purchased	1. 2.
1. Present 2. Last	Veterinary fees	1. 2.	Taxes and interest on farm notes	1. 2.
1. Present 2. Last	Machine hire	1. 2.	Other expenses (Specify below)	1. 2.
1. Present 2. Last	Farm supplies and cost of repairs	1. 2.		1. 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 (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)

**Privacy Act Statement
Collection and Use of Personal Information**

See Revised Privacy
Act Statement

~~Sections 403(b), 403(c), and 405(a) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to confirm past and continuing entitlement to benefits and to determine whether such benefits are subject to deductions.~~

~~The information you furnish on this form is voluntary. However, failure to provide this requested information could prevent an accurate and timely decision on your claim and could result in the loss of some benefits.~~

~~We rarely use the information you supply for any purpose other than for making a determination about your continuing entitlement to benefits. 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, Master Beneficiary Record, 60-0090 and Supplemental Security Income Record, 60-0103. 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.~~

See Revised PRA

~~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 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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 0779).** 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.~~

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

PRIVACY ACT STATEMENT

Collection and Use of Information

Section 210(f), of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to confirm past and continuing entitlement to benefits and to determine whether such benefits are subject to reductions.

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on your claim and could result in the loss of some benefits.

We rarely use the information for any purpose other than for making a decision regarding entitlement to benefits. However, we may use it for the administration and integrity of our programs. We may also disclose the 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 us in establishing rights to Social Security benefits and coverage;
2. To comply with Federal laws requiring the release of information from our 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, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

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. We use the information from these matching programs to establish or verify a person's eligibility for federally-funded and administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notices entitled, Master Beneficiary Record, 60-0090. This notice, additional information regarding our programs and systems are available on-line at www.socialsecurity.gov or at your local Social Security office.

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 (OMB) control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.***