

Refer to:	DATE
	PERSON TO CONTACT
	TELEPHONE NUMBER (      )
	RETURN ADDRESS (SSA OFFICE)
NAME OF WORKER	SOCIAL SECURITY NUMBER

ADDITIONAL IDENTIFYING INFORMATION *(To be completed by Social Security Administration when applicable)*

~~**PRIVACY ACT/PAPERWORK ACT NOTICE:** Section 205(a) of the Security Act (42 U.S.C. 405(a)) allows us to ask for the information on this form. The information you give us will be used to give the employee credit for wages earned. You do not have to give us this information. However without the information, we will not be able to give the employee credit for wages earned. We may give this information to the Internal Revenue Service for tax administration purposes or to the Internal Revenue Service for investigating and prosecuting violations of the Soc~~

Please See Revised PA Statement

**COMPUTER MATCHING:** 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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security Office.

~~**PAPERWORK REDUCTION ACT STATEMENT:** The Paperwork~~

Please See Revised PRA Statement



**STATEMENT OF AGRICULTURAL EMPLOYER (YEARS PRIOR TO 1988)**

Work done by an agricultural employee was covered by the Social Security Act if the employee was paid \$150 or more in cash during the year by the same employer, or if the employee worked for the same employer on 20 or more days in a year and was paid cash wages figured on a TIME BASIS (hour, day, week, month, etc.) FOR YEARS PRIOR TO 1988. If you believe any of the amounts you enter are not wages or any of the employment is not covered by the Social Security Act, outline your reasons under "Remarks" on the back of this form.

This is to certify that cash wages for agricultural labor in the amounts shown were paid during the calendar year(s) checked below to:

NAME OF WORKER	SOCIAL SECURITY NUMBER
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1. Show the total cash wages paid this employee for agricultural services (including domestic service on a farm). Include any amount withheld for tax. If no wages were paid in the periods checked below, write "None." If the amounts are unknown, write "Unknown" and answer question 2.

<input type="checkbox"/> WAGES PAID YEAR 19 ____	<input type="checkbox"/> WAGES PAID YEAR 19 ____	<input type="checkbox"/> WAGES PAID YEAR 19 ____	<input type="checkbox"/> WAGES PAID YEAR 19 ____
\$	\$	\$	\$

If the amount of wages shown for any year is less than \$150, answer question 2.  Yes  No

2. Was this employee paid on a TIME basis? (By the hour, day, week, month, etc.)  Yes  No

If "Yes," did the employee work for you on 20 or more days in the year or years?  Yes  No

If your answer to item 2 does not apply to all years shown, please explain in "Remarks" on back of this form.

NOTE: COMPLETE ITEMS 3-12 IN ALL CASES

COMPLETE ITEMS 13,14 and 15 on the back of this form  DO NOT COMPLETE ITEMS 13,14 and 15.

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.

3. EMPLOYEE'S OCCUPATION <i>(For example, Field Worker, Milker, Herdsman)</i>			8. NATURE OF BUSINESS <i>(For example, Daily Farm, Orchard, Cattle Ranch).</i>	
4. BUSINESS NAME OF EMPLOYER <i>(Type or Print, if different from above)</i>			9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
5. EMPLOYER'S FEDERAL IDENTIFICATION NO.				
6. STREET ADDRESS OF EMPLOYER <i>(If different from above)</i>			10. TITLE OF PERSON SIGNING ABOVE	
7. CITY <i>(If different from above)</i>	STATE	ZIP CODE	11. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM (INCLUDE AREA CODE)	12. DATE THIS STATEMENT FILLED OUT

13. Did you file employment tax return(s) (Form 943) for each period shown in item 1 of this form?  Yes  No

If "No," please identify the period for which no return was filed and state why you did not do so.

14. For returns which you did file, were the wages listed on this form included in your return?  Yes  No

(a) If "Yes," please furnish the following information:

Date return(s) were filed:	Period Date Filed											
Page and line number of report where this employee was reported (if filed on Form 943)	Page No. Line No.											

(Please use another sheet if more entries are needed)

(b) If "No," please state below the amount of wages reported and why these wages differ from the amounts shown in item 1 of this form. If no wages were reported, show "none" and explain below why no wages were reported.

Period												
Amount Reported												

(Please use another sheet if more entries are needed.)

Explanation:

15. (a) Did you have employees other than this wage earner during the above period?  Yes  No

(b) If "Yes," was there a reporting problem with regard to any these other employees for the above periods?  Yes  No

Remarks:

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

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

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to give the employee credit for the correct amount of wages earned.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding claims and earnings discrepancies. However, we may use the information for the administration of our programs including sharing information:

1. 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);
2. To facilitate statistical research, audit, or investigative 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).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notice entitled, Earnings Recording and Self-Employment Income System, 60-0059. Additional information about this and other system of records notices and our programs are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through 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 programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

***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 only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***