Social Security Administration

Form Approved
OMB No. 0960-0036

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 [illegible] Justice for investigating and prosecuting violations of the Soc[illegible]~~

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 Paperwo[illegible]5 requires us to notify you that this information collection is in[illegible] clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.~~

Please See Revised PRA Statement

Social Security Administration

TOE 320

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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

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.

☐ WAGES PAID YEAR 19 ___	☐ WAGES PAID YEAR 19 ___	☐ WAGES PAID YEAR 19 ___	☐ WAGES PAID YEAR 19 ___
$	$	$	$

If the amount of wages shown for any year is less than $150, answer question 2.

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 *(For example, Field Worker, Milker, Herdsman)*			8. NATURE OF BUSINESS *(For example, Daily Farm, Orchard, Cattle Ranch).*	
4. BUSINESS NAME OF EMPLOYER *(Type or Print, if different from above)*				
5. EMPLOYER'S FEDERAL IDENTIFICATION NO.			9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
6. STREET ADDRESS OF EMPLOYER *(If different from above)*			10. TITLE OF PERSON SIGNING ABOVE	
7. CITY *(If different from above)*	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: