

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)

See Revised PA
Statement

~~PRIVACY ACT/PAPERWORK ACT NOTICE: Section 205(a) of the Social 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 Department of Justice for investigating and prosecuting violations of the Social Security Act.~~

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 Red~~
~~requires us to notify you that this information collection is in accordance with the~~
~~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.~~

See Revised PRA
Statement

STATEMENT OF AGRICULTURAL EMPLOYER FOR YEARS 1988 AND LATER

Work done by an agricultural employee is 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 employer's expenditures for agricultural labor in such year equal or exceed \$2,500. The \$2,500 a year test does not apply to an employee who receives less than \$150 in annual cash wages if the employee: (1) is a seasonal hand-harvest laborer paid on piece-rate basis; (2) commutes daily from his or her home to the farm; and (3) has been employed in agriculture less than 13 weeks during the preceding calendar year.

NAME OF WORKER	SOCIAL SECURITY NUMBER
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WAGES PAID FOR: Year _____ Year _____ Year _____ Year _____

For the worker and tax years indicated above, please provide the following information:

1. Show total cash wages paid for this employee. Include any amount withheld for taxes. If no cash wages were paid in the year(s) shown below, write "None." If you know that at least a certain amount was paid, but you do not know the exact amount, write "Not less than" and show the amount.

Year	Amount		Year	Amount
_____	\$ _____		_____	\$ _____
_____	\$ _____		_____	\$ _____

2. Is your annual payroll for agricultural labor \$2,500 or more? Yes No
3. Did you file employment tax return Form 943 with the Internal Revenue Service for each year shown in item 1? Yes No

If "Yes," go to item 4. If "No," please identify the year(s) for which you did not file a tax return, and explain why you did not.

Explanation:

4. Did you submit wage report Forms W-2 and W-3 or equivalent magnetic media reports to the Social Security Administration for each year shown in item 1? Yes No

If "Yes," go to item 5. If "No," please identify the year(s) for which you did not file a wage report, and explain why you did not.

Explanation:

5. For report(s) which you did file with the Social Security Administration, were the wage amounts shown in item 1 included in your report?

Yes No

(a) If "Yes," please provide the following information.

Tax Year	Date Filed	Employer Name Shown On Report	EIN Shown On Report

(b) If "No," show the amount of wages reported and explain why these amounts differ from the amounts shown in item 1. If no wages were reported for this individual, please show "None," as appropriate, and explain why they were not reported.

Year	Amount	Year	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Explanation:

Additional Remarks:

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 the Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

6. EMPLOYEE'S OCCUPATION (e.g., foreman)	11. TYPE OF FARMING (e.g., dairy)
7. BUSINESS NAME OF EMPLOYER	12. EMPLOYER'S IDENTIFICATION NUMBER
8. STREET ADDRESS OF EMPLOYER	13. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED PERSON
9. CITY STATE ZIP CODE	14. PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE
10. TELEPHONE NO. OF PERSON SIGNING THIS FORM	15. DATE THIS FORM COMPLETED

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 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.***