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 (T.	

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 of investigating and prosecuting violations of the Soc

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 PRA Statement PRA State

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.

wages or any of the emplo "Remarks" on the back of	•	ot covered by	the Social Security	Act, out	line your reaso	ons under		
This is to certify that cash calendar year(s) checked b	_	agricultural lab	or in the amounts	shown w	ere paid durin	g the		
NAME OF WORKER			SOCIAL SECURITY NUMBER					
 Show the total cash wa a farm). Include any ar write "None." If the ar 	mount withl	neld for tax. If	no wages were pai	id in the	periods check			
WAGES PAID YEAR 19	WAGES P	AID YEAR 19	WAGES PAID YEA	IR 19	WAGES PAI	D YEAR 19		
\$	\$		\$		\$			
lf the amount of wages sh 2. Was this employee paic					1 1 Y A	s No		
If "Yes," did the emplo	yee work fo	or you on 20 o	more days in the	year or y	ears? 🗌 Ye	s No		
If your answer to item form.	2 does not	apply to all yea	ars shown, please e	explain in	"Remarks" o	n back of this		
NOTE: COMPLETE ITEMS 3-	12 IN ALL C	ASES						
COMPLETE ITEMS 13,14	4 and 15 on	the back of this	form DO	NOT COM	MPLETE ITEMS	13,14 and 15.		
I know that anyone who n in an application or for use crime punishable under Fe in this document is true.	in determi	ning a right to	payment under the	Social S	ecurity Act co	ommits a		
3. EMPLOYEE'S OCCUPATION Milker, Herdsman)	(For example,	Field Worker,	8. NATURE OF BUSINESS (For example, Daily Farm, Orchard, Cattle Ranch).					
4. BUSINESS NAME OF EMPLOY different from above)	YER (Type or	Print, if						
			9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED					
5. EMPLOYER'S FEDERAL IDEN	EMPLOYEE OF FIRM							
6. STREET ADDRESS OF EMPLO	OYER (If diffe	rent from above)	10. TITLE OF PERSON SIGNING ABOVE					
7. CITY (If different from above	STATE	ZIP CODE	11. TELEPHONE NO. O INDIVIDUAL COMI FORM (INCLUDE AR	PLETING	12. DATE THIS FILLED OUT			

13. Did you file employment tax return(s) (Form 943) for each period shown in item 1 of this form?								Yes No				
		dentify th		d for w	hich no	return v	vas filed	l and sta	ite why	you did	not do	so.
14. For ret	urns wh	ich you d	id file.	were th	ne wage	s listed	on this f	form				
include	ed in you	ır return? ease furni									Yes	No No
Date return(s) were filed:		Perio Filed	d Date									
where this em	Page and line number of report where this employee was reported (if filed on Form 943)		Page Line									
		other shee					reported	and wh	v these	wanes	differ f	rom the
am	ounts sh	own in ite	em 1 c	of this fo	orm. If n	_	-		-	_		
	ow wny	no wages	were	reporte	a.		1		T		1	<u> </u>
Period												
Amount Reported												
(Please us Explanation:	se anoth	er sheet ii	f more	entries	are nee	ded.)						
15. (a) Did	-	e employ	ees ot	her than	n this w	age earr	ner durin	ng the al	oove		Yes	No
(b) If "Yes," was there a reporting problem with regard to any these other								Yes	No			
Remarks:												