

AG YIELD SURVEY - JUNE 20XX

OMB No. 0535-0213
 Approval Expires: 3/31/2014
 Project Code: 128 QID: 030050
 SMetaKey: 3507



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

Illinois Field Office
 P.O. Box 19283
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The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. Response is voluntary.. If you have any questions about the survey, please feel free to call 1-800-622-9865.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0213. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Please make corrections to name, address and ZIP Code, if necessary.

State	POIN	Tract	Subtr
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If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE and YIELD

Please report the acres for harvest and yield per acre you expect to harvest from the total acres you operate for the following crop. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. (**Exclude** information for land rented to others.)

			TOTAL CROP
WINTER WHEAT			541
Harvested and to be harvested (grain and seed only)	Acres		
Expected yield for grain and seed	Bu. Per Acre		151
Has harvest been completed?	Yes=1 No=3		980

SECTION 2 – CONCLUSION

If you no longer operate this farm or ranch, please provide the name and address of the new operator.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

COUNTY: _____ **PHONE:** _____

COMMENTS: _____

Survey Results: To receive the complete results of this survey on the release date, go to <http://www.nass.usda.gov/results>.

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 . . . 099

Respondent Name: _____ 9911 9910 MM DD YY
 Phone: (_____) --

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Change	Office Use for POID			
1-Comp		1-Op/Mgr		1-Mail		098	100	785	789			
2-R		2-Sp		2-Tel								
3-Inac		3-Acct/Bkpr		3-Face-to-Face								
4-Office Hold		4-Partner		4-CATI								
5-R – Est		9-Oth		5-Web								
6-Inac – Est				6-E-mail								
7-Off Hold – Est				7-Fax								
8-Known Zero				8-CAPI								
				19-Other								
									Optional Use			
									407	408	9906	9916
S/E Name												

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