FORM APPROVED OMB No. 0960-0064

TOE 420

FARM ARRANGEMENT QUESTIONNAIRE

PRIVACY ACT: The questions on this form are authorized by section 211 (a)(1) of the Social Security Act, as amended (42U.S.C. 411 (a)(1)). While it is voluntary for you to complete this form, failure to answer the following questions would cause the Social Security Administration to make a decision to your claim based on the information available. The information given by you on this form will be used to dete See Revised Privacy Act Social Security purpose and may affect your eligibility for Social Security benefits. Statement & PRA

The information collected is needed to make that determination. The information on this form may be disanother person or agency for the following purposes: (1) to assist the Social Security Administration in e Security benefit: (2) to facilitate statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security program

		nange of information between the Social	·		•	
ac re	scordance with the clearance requirement to respond to, a collection of in	EMENT: The Paperwork Reduction ents of section 3507 of the Paperwork formation unless it displays a valid Of	Reduction Act of WB control number	1995. We may no We estimate that	t conduct sponsor, an it will take you about	d you are no
	mplete this form. This includes the time- NAME OF SELF-EMPLOYED PERSON	it will take to read the instructions, gathe	r the necessary fact 2. SOCIAL SECUR		3. PERIOD COVERED FROM: TO:	
4.	NAME AND ADDRESS OF OTHER PARTY T	TO ARRANGEMENT	1		5. FAMILY RELATIONSH (If none, write "None")	P
6.	DESCRIPTION OF ARRANGEMENT, AGREE	EMENT, OR UNDERSTANDING (If in writing,	attach a copy)			
A.	DATE ARRANGEMENT BEGAN	B. HOW LONG WAS ARRANGEMENT TO	LAST?			
C.	CROPS AND LIVESTOCK TO BE PRODUCE	ED (List)				
D.	HOW INCOME AND EXPENSES (OR NET F	PROFITS AND LOSSES) WERE TO BE SHARI	ED.			
E.	OTHER FEATURES OR CHANGES IN ARRA	ANGEMENT.				
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_		WORK (Pagariba in datail the unit	work nortarmed by	ooob portu		
7. KII	ND OF WORK - (Include such activities as buyi	WORK - (Describe in detail the wang and selling as well as physical labor)	огк репотпеа ву	DATE WORK	DATE WORK	TOTAL HRS.
				BEGAN	ENDED	WORKED
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8.	INSPECTIONS	9. ADVICE AND CONSULTATION			
(Indicate for each sta named In Item 1, hov inspection during a p	ge below what inspections were made by the person v often, purpose and changes resulting. If there was no articular stage, indicate, "None.")	(Indicate for each stage below what was talked about, how often meetings were held, advice given, and action taken. If there was not advice and consultation during a particular stage, indicate "None.")			
CROP AND LIVESTOCK	(PLANNING	CROP AND LIVESTOCK PLANNING			
GROUND BREAKING A	ND PLANTING	GROUND BREAKING AND PLANTING			
GROWING PERIOD		GROWING PERIOD			
HARVESTING AND MAI	RKETING	HARVESTING AND MARKETING			
ANY OTHER NOT DESC	CRIBED ABOVE	ANY OTHER NOT DESCRIBED ABOVE			

decisions were made jointly. Include such items as what, when, and how to plant, cultivate, spray, harvest, etc when, what, where to buy and sell; agricultural standards to follow; participation in government programs; when negotiated purchases and sales; who decided what help to hire and how much to pay them, and who supervised and parany additional help, etc.)
CROP AND LIVESTOCK PLANNING
ODOLINIS PREAVING AND BLANTING
GROUND BREAKING AND PLANTING
GROWING PERIOD
HARVESTING AND MARKETING
ADDITIONAL MANAGEMENT DECISION (Include any decisions not described above. If more space is needed, attach a separate sheet.)

11.	EXPENSES - (List Major Items)		
EXPENSES PAID OR ADVANCED BY PERSON NAMED IN ITEM 1	I. AMOUNT	EXPENSES PAID OR ADVANCED BY OTHER PARTY	AMOUNT	
	_			
-				
12.	CARITAL COL	 NTRIBUTIONS		
NAME OF PERSON WHO FURNISHED LAND, BUILDINGS, AND IMP				
NAME OF TERROR WHO FORMIONED LAND, BOILDINGS, AND INI	NOVEMENTO ON THE E	LAINE		
MA IOD ITEMS OF MACHINERY FO	LUDMENT AND LIN	(FOTOOL) OONTDIDLITED TO DDODLIOTION A OTH (ITIES		
-		ESTOCK CONTRIBUTED TO PRODUCTION ACTIVITIES	T	
BY PERSON NAMED IN ITEM 1	VALUE	BY OTHER PARTY	VALUE	
14. WHOSE NAME OR NAMES APPEAR IN CONNECTION WITH TH	IE FOLLOWING: //f.not.a	unnlicable write "None ")		
(A) BUSINESS LICENSES AND PERMITS	L I OLLOWING. (II Hot a	(E) BILLS TO CUSTOMERS FOR SALES		
(A) BUSINESS EIGENSES AND PERMITS		(L) BILLS TO COSTOMERS FOR SALES		
(D) FEDERAL ACRICULTURAL PROCESAM ACREEMENTS		(E) INCHEANOE POLICIES		
(B) FEDERAL AGRICULTURAL PROGRAM AGREEMENTS		(F) INSURANCE POLICIES		
(C) MEMBERSHIP IN FARM COOPERATIVES		(G) ADVERTISEMENTS AND SIGNS		
(D) BILLS FROM CREDITORS FOR PURCHASES		(H) BUSINESS CONTRACTS WITH OTHERS		
IF ADDI	FIONAL SPACE IS N	EEDED, USE SEPARATE SHEET		
		se statement or representation of material fact in		
or for use in determining a right to payment	under the Socia	al Security Act commits a crime punishable und		
by fine, imprisonment or both. I affirm that all infor	mation I have give	en in this document is true.		
DATE SIGNATURE				

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 <u>Paperwork Reduction Act of 1995</u>. 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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at <u>www.socialsecurity.gov</u>. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.**

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 211(a)(1) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine if farm rental earnings should be included in your Social Security earnings record. 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 reconcile Social Security earnings records. 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); and,
- 2. To facilitate statistical research, audit, or investigative activities necessary to ensure 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 System of Records Notice 60-0059, entitled, Earnings Record and Self-Employment Income System and 60-0089, entitled, Claims Folder System. Additional information about these and other system of records notices and our programs is 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.