

FARM SELF-EMPLOYMENT QUESTIONNAIRE

Privacy Act Statement - Collection and Use of Personal Information

Sections 205(b)(1) and 205(c)(2)(A) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a determination of eligibility for Social Security benefits. 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 benefits eligibility. 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 60-0089, entitled, Claims Folders System; and, 60-0090, entitled, Master Beneficiary Record. 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.

1. NAME OF SELF-EMPLOYED PERSON		SOCIAL SECURITY NUMBER	
2. THIS RELATES TO PERIOD (DATES)		Did you live on the farm during this period?	If "No," how far from the farm did you live?
FROM:	TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

3. HOW LARGE WAS THE FARMING OPERATION DURING THIS PERIOD? *(Total acreage, acreage cultivated, crop allotments, usual size of herds, etc.)*

4. WHAT WAS YOUR STATUS WITH REGARD TO THIS FARMING OPERATION?
(Check appropriate box or boxes according to local terminology)

OWNER
 OWNER-OPERATOR
 PARTNER
 LANDLORD
 TENANT
 SHARECROPPER
 OTHER

5. DID ANY OTHER PERSON WORK OR HELP WORK THE FARM? IF "YES," ANSWER (A). (B). (C). <input type="checkbox"/> YES <input type="checkbox"/> NO	(A) NAME OF THE OTHER PERSON(S) AND FAMILY RELATIONSHIP, IF ANY.
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(B) WHAT DID THE OTHER PERSON DO IN CONNECTION WITH THE FARMING OPERATION?

(C) HOW WAS THE OTHER PERSON PAID?

CROP OR LIVESTOCK SHARE CASH WAGES ROOM & BOARD LANDLORD

6. WAS ANY RENTAL INCOME (EITHER CASH OR CROP SHARE) INCLUDED IN FIGURING YOUR NET EARNINGS FROM SELF-EMPLOYMENT FOR THIS PERIOD?

YES NO

7. HAS ANY INCOME FROM THE SALE OF LIVESTOCK **NOT HELD FOR SALE** BEEN INCLUDED IN FIGURING YOUR NET EARNINGS FROM SELF-EMPLOYMENT. (NOT HELD FOR SALE REFERS TO LIVESTOCK SUCH AS WORK, DAIRY, OR BREEDING ANIMALS HELD PRIMARILY FOR THE PRODUCTION OF OTHER FARM COMMODITIES.) YES NO

IF "YES," ENTER THE AMOUNT OF SUCH INCOME
\$

REMARKS:

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 10 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 www.socialsecurity.gov. 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 only comments relating to our time estimate to this address, not the completed form.**

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PERSON MAKING STATEMENT

SIGNATURE (First name, middle initial, last name) (Write in ink)	DATE
	Telephone Number(include area code)

MAILING ADDRESS (Number and street, Apt. No., P.O. Box, or Rural Route)

CITY AND STATE	ZIP CODE	Enter Name of Country (if any) in which you now live
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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and street, City, & Zip Code)	ADDRESS (Number and street, City, & Zip Code)