This form is	s available e 3 Manual	lectronically.												J.S. Departme			ntrol No. 0 PAGE	581-0318
REPORT OF ACREAGE													OF					
See Page 2 for Privacy Act and Paperwor 1. FARM NO. FAF			Reduction Act S 2. ILAND	3.		4. PROGRAM		M YR. KE			8. NAMES OF OTHER PRODUCERS			5	9. ID NUMBER			- FARMS
KEY					6. OTHER FARMS													
	NO LEGAL	DESCRIPTION																
12 TRACT NO.	13. FIELD NO.	14. CROP OR L		15. PRAC- TICE <u>1</u> /	16. CROP STATUS 2/	17	7. CROP	OR LAN	D USE S	UMMARY (Maple trees,	after number	enter "T";	Honey, after nu	mber enter "F	H")	18. KEY	19. SHARE
																	1	
																	1	
	OPERATOR R DETERMINED														1			
22. CERTIF land uses hav certify that th	ICATION - I ce re been reported e applicable cro	rtify to the best of r for the farms as ap op, type, practice, a	pplicable. Absent and intended use is	any different s not planted	or contrary prior if it is not include	subsequent of subsequent of subsequent	certification Fort of Con	on filed by nmodities	any prodi for this cr	icer for any op year. The	crop for which signing of this	NAP coverage form gives FSA	has been	purchased, I	1/ I = Irriga Nonirrigate O = Othe		N = aple Sap)	
A. CERTIFIER'S SIGNATURE			B. DATE (MM-DD-YYYY					B. DATE			CERTIFIER'S SIGNATURE (BY) B. DATE (MM-DD-YYYY) F. S.			2/ I = Initial P = Prev F = Faile S = Subs D = Doul R = Repr V = Volu	ented d sequent Crop ble Crop eat			

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23. REMARKS/SKETCHES							

NOTE:

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), the Agricultural Act of 2014 (7 U.S.C. 9018), 7 CFR Part 718 and 7 CFR Part 1437. The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs.

Public Burden Statement (Paperwork Reduction Act): In general, the information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B). For only AMS participants reporting acreage, public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or AMS may not conduct or sponsor a collection of information unless it displays a valid OMB control number: the OMB control number for the AMS use of this form is 0581-0318.

The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint-filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.