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FSA-2261 (08-18-08)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 2

REPORT OF COLLECTION ACTIVITIES ON LIQUIDATION ACCOUNTS

INSTRUCTIONS TO LENDER: Complete Part B, and submit this form to the FSA Office in Item 2 by November 30 each year.

PART A – TO BE COMPLETED BY FSA LOAN SERVICING OFFICIAL

1. Lender's Name and Mailing Address	2. Name and Address of County FSA Office Loan Service Official

3. Borrower's Name (Last, First, Middle Initial)	4. FSA Account Number		
	A. State Code	B. County Code	C. FSA ID Number

5. Total unpaid loan balance as of date of loss claim (guaranteed and unguaranteed portion) **NOTE:** The dollar amount must agree with the amount on the FSA-2254.	$
6. Percentage of loan guaranteed by Farm Service Agency	%

PART B – TO BE COMPLETED BYLENDER

7. Total Collected in Most Recently Completed Fiscal Year (October 1 - September 30)	$
8. Total Amount Remitted to Farm Service Agency by Lender. **NOTE:** Do not include proceeds remitted prior to the payment of the final loss claim.	$

9. Describe briefly the collection efforts made during the past fiscal year:

10A. Signature of Authorized Lender's Representative	10B. Title of Authorized Lender's Representative	10C. Date

NOTE: *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 USC 1921 et seq.), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for payment, service the guaranteed loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose the information requested, may result in a delay in the processing of this form or its rejection.*

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 control number for this information collection is 0560-0155. 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. ***RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.***

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