

Instructions for CCC-902I

FARM OPERATING PLAN FOR AN INDIVIDUAL

This form is used to collect information about individuals that is used by FSA to determine eligibility for payments. ♦ This form is designed for individuals using a social security number and requesting program payments as an individual on their own farming operation.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. ♦ If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Related definitions are provided on page 4 of the form to assist in form completion.

Items 1-3

FldName/ ItemNo.	Instruction
1 County	Enter the name of the control county for the individual.
2 State	Enter the name of the state where this individual conducts their farming operation. GOTO Part A.
3 Program Year	Enter the program/ crop year for which the information for this farming operation is being provided.

Part A Basic Information

1 Individual's Name and Address	Enter the name and address, including zip code, of the individual. If the individual conducts business using an assumed name, include the assumed name. (Example: John Doe, dba John Doe Grain Farms)
2 Tax Identification Number	Enter the social security or taxpayer ID number of the individual. If the complete social security or taxpayer ID number is on file with FSA, only the last 4 digits are required. GOTO Part B.

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Part B Additional Information

1 U.S.citizen	<p>Check the appropriate box to indicate citizenship status of the individual identified in Part A.</p> <p>If the individual identified in Part A is a U.S. citizen, check YES and GO TO Item 4A.</p> <p>If the individual identified in Part A is not a U.S. citizen, check NO and GO TO Item 2.</p>
2 Alien Status	<p>Check the appropriate box to indicate alien status of the individual identified in Part A.</p> <p>Check YES if the individual identified in Part A is an alien lawfully admitted to the U.S. and a Resident Alien Card, form I-551, was presented.</p> <p>Check O if the individual identified in Part A is not a U.S. citizen and a Resident Alien Card, form I-551, is not presented.</p>
3 For County FSA Use Only	<p>This item will be completed by FSA.</p> <p>If the individual identified in Part A is not a U.S. citizen and form I-551 was not presented, the individual identified in Part A will be considered a foreign person for payment eligibility and payment limitation purposes.</p>
4A Individual Under 18	<p>Check the appropriate box to indicate whether the individual identified in Part A is a minor as of June 1 of the Program Year entered above. ❖</p> <p>Check NO if the individual identified in Part A was 18 years of age or older on June 1 and GO TO Part C.</p> <p>Check YES if the individual identified in Part A was younger than 18 years of age on June 1. Continue with Item 4B.</p>
4B Date of Birth	<p>If the individual identified in Part A was younger than 18 years of age on June 1 of the program year, enter the month, day and year the individual identified in Part A was born.</p>
5A 5C Parent or Guardian Information	<p>If the individual identified in Part A is a minor, provide the following information about the individual ❖ s parent or legal guardian:</p> <ul style="list-style-type: none"> A) Parent's or guardian ❖ s name B) Parent's or guardian ❖ s address C) Last 4 digits of the parent ❖ s or guardian ❖ s social security or taxpayer ID number, if complete taxpayer ID number is on record with FSA.

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5D Separate Residences	IftheindividualidentifiedinPartAisaminor,check <input type="checkbox"/> YES <input type="checkbox"/> or <input type="checkbox"/> NO <input type="checkbox"/> to indicate whether the individual identified in Part A maintains a separate house hold from your parent or guardian.
6A 6D Parent or Guardia n's Farming Interests	IftheindividualidentifiedinPartAisaminor,providethefollowinginformat ion about the parent or guardian's interest in farming operations: A) Parent's or guardian's name B) Name of parent's or guardian's farming interest C) Last 4 digits of the tax ID number of the farming interest, if the complete taxpayer ID number is already on record with FSA. D) County/state where the farming interest is located
Individual's Name	Enter the name of the individual identified in Part A at the top of the page.

Part C Land

1A <input type="checkbox"/> 1G Land	Enter the following information for ALL land that is operated by the individual identified in Part A: A) Farm number B) State and county where located C) Check the applicable box to show whether land is owned, leased to someone, or leased from and individual, entity, or joint operation D) Name of the individual, entity or joint operation to whom or from whom the land is leased E) Acres owned or rented on the farm F) The per acre amount of cash rent, or the percentage of the crop shared with the landlord Note: If land is cash leased from an unrelated individual or entity, enter cash in the Column F. If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$ per acre. G) Check the box if you had this same land interest in the prior crop year. <i>If additional space is needed for land, complete and attach form CCC-902 Continuation. GO TO Part D.</i>
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Part D Capital Sources and Uses

1 Sources of capital...	Indicate the sources of operating capital for the farming operation of individual identified in Part A. Check all the types of capital that apply. If Other <input type="checkbox"/> is indicated, please specify. <input type="checkbox"/>
2 Contributions of capital, land or equipment..	Check the applicable boxes to indicate whether capital, equipment or land contributed by the individual identified in Part A to this farming operation was acquired as the result of a loan or credit arrangement.

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	<p>Check YES iftheindividualidentifiedinPartAacquiredcontributionsofcapital,equipm entorlandthroughloansorcreditarrangement,thenGOTOItem3.</p> <p>Check NO iftheindividualidentifiedinPartAacquiredcontributionsofcapital,equipm entorlandthroughloansorcreditarrangement,thenGOTOPartE.</p>
3 Ifcapitalinclude sloansorcreditar rangement	<p>Check NO,iftheindividualidentifiedinPartAusesloansorcredittof inancetheindividuals farmingoperationorpurchaseoflandorequipment ,butsuchfinancingisNOTacquiredfrom,guaranteedby,co- signedby,orsecuredbyanyotherindividual,jointoperationorentitythenGO TOPartE.</p> <p>Check YES,iftheindividualidentifiedinPartAusesloansorcredittofin ancetheindividuals farmingoperationortopurchaseoflandorequipmentan dsuchfinancingwasacquiredfrom,guaranteedby,co- signedby,orsecuredbyanotherindividual,ajointoperationoranentitywitha ninterestinthefarmingoperationoftheindividualidentifiedinPartA,andco mpleteItems3A-3E.</p>
3A-3E Ifcapitalinclude sloansorcreditt atareguaranteed orsecuredbythe rs	<p>Foreachtypeofloanorcreditusedtofinancethefarmingoperationoftheindiv idualidentifiedinPartA,andwhichareacquiredfrom,guaranteedby,co- signedby,orsecuredbyanotherindividual,ajointoperationoranentity,prov idethefollowing:</p> <ul style="list-style-type: none"> A) Thetypeofcapitalcontribution(loan,lineofcredit,cashadvance) B) Nameofthesourceoftheloanorcredit C) Nameofthegarantor D) Affiliationofthecreditsourceorguarantorwiththeindividualcond uctingthefarmingoperation E) Percentoftotalcapitalrepresentedbyeachlineentry

PartE Equipment

1 OwnedEquipme nt	<p>EnterthepercentofALLEquipmentusedinthefarmingoperationwhichisow nedbytheindividualidentifiedinPartA.</p> <p>IftheindividualidentifiedinPartAdoesnotownanyoftheequipmentusedint hefarmingoperation,enter0%.</p>
2A-2C LeasedEquipme nt	<p>IftheindividualidentifiedinPartAdoesnotleaseequipmentusedinthisfarmi ngoperation,enter0%andGOTOPartF.</p> <p>EnterinformationforALLEquipmentusedinthefarmingoperationoftheind ividualidentifiedinPartAwhichisleased. Foreachtypeofequipmentleas ed,enterthefollowing:</p>

FldName/ ItemNo.	Instruction
	<p>A) Percentoftotalequipmentleased B) Nameofthepartyorentityfromwhomequipmentisleased C) Typeofequipmentleased. ♦</p>
2D Leasedequipmentandinterestinfarmingoperation	<p>IftheindividualidentifiedinPartAleasedequipment,indicatewhethertheequipmentwasleasedfromanindividualorentitythathasaninterestinthefarmingoperationoftheindividualidentifiedinPartA.</p> <p>Check♦YES♦iftheequipmentwasleasedfromanindividualorentitythathasaninterestinthefarmingoperationoftheindividualidentifiedinPartA.</p> <p>Check♦NO♦iftheequipmentwasnotleasedfromanindividualorentitythathasaninterestinthefarmingoperationoftheindividualidentifiedinPartA. ♦GOTOPartF.</p>
3 LeaseAgreement	<p>IftheindividualidentifiedinPartAleasedequipmentfromanindividualorentitythathasaninterestinthefarmingoperation♦identifiedinPartA,copiesofleaseagreementsmayberequiredforcompliancepurposes. ♦♦GOTOPartF.</p>
Individual♦sName	<p>EntertheindividualidentifiedinPartAatthetopofthepage.</p>

PartF ♦ Custom Services

1 Utilization♦♦♦ofcustomservices♦	<p>Check♦NO♦ifcustomfarmingserviceswillnotbeutilizedinthefarmingoperationoftheindividualidentifiedinPartA,andGOTOPartG.</p> <p>Check♦YES♦ifcustomfarmingserviceswillbeutilizedinthefarmingoperationoftheindividualidentifiedinPartA,andcompleteallitemsinPartF.</p>
1A♦1D Customserviceswillbeutilized♦	<p>UtilizationofcustomservicesbythefarmingoperationidentifiedinPartA.</p> <p>Note: ♦Doesnotapply:</p> <ul style="list-style-type: none"> • toservicesforchemicalandfertilizerapplication; • totheharvestingofcrops,<u>OR</u> • ifallthelandinthefarmingoperationisowned. <p>ProvidethefollowinginformationforallcustomfarmingservicesutilizedbythefarmingoperationoftheindividualidentifiedinPartA:</p> <p>A) Typeofcustomservice(including,butnotlimitedto:tillage,planting,cultivating,chemicalapplication,insect/pestscouting,etc.) B) Farmnumber(s)theservicewillbeapplied C) Totalnumberofacresforwhichcustomserviceswillbeused D) ♦Nameofthecustomfarmingserviceprovider</p>

PartG ♦ Labor

1	<p>Enterthepercentornumberofhoursofactivepersonallabortheindividualide</p>
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Active Personal Labor	ntified in Part A will personally provide to the farming operation of the individual identified in Part A. ◆ If the individual identified in Part A will provide 1,000 hours or more, write 1,000 hours. ◆
2 Hired Labor	Enter the percentage or number of hours of hired labor to be used in the farming operation of the individual identified in Part A.
2A Source of the hired labor and leased equipment ◆	<p>Check ◆ NO ◆ if NONE of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E.</p> <p>Check ◆ YES ◆ if ANY of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E. ◆</p> <p><i>Acceptable documentation of equipment lease and hired labor agreements may be required for compliance purposes.</i></p>
2B Source of the hired labor and custom services ◆	<p>Check ◆ NO ◆ if NONE of the hired labor for the farming operation of the individual identified in Part A was included in the custom farming services shown in Part F.</p> <p>Check ◆ YES ◆ if ANY of the hired labor for the farming operation of the individual identified in Part A was included in the custom farming services shown in Part F. ◆</p> <p><i>Acceptable documentation of custom services and hired labor agreements may be required for compliance purposes.</i></p>
3 Other Labor	Enter the percentage of the total hours required for the farming operation of the individual identified in Part A that is donated by family members or others, and which payment is not owed.

Part H - Management (The total percentages shown in items 1 ◆ 3 must equal 100%.)

1A-1B Active Personal Management	<p>Enter the estimated percent of active personal management the individual identified in Part A personally provides to the farming operation. ◆</p> <p>Enter a brief description of the type of management duties the individual identified in Part A performs. ◆</p>
2A-2B Hired Management	<p>Enter the estimated percent of hired management used by the farming operation of the individual identified in Part A.</p> <p>Briefly describe the type of management duties someone else is hired to perform for the farming operation of the individual identified in Part A. ◆</p>
3A-3B Other Management	<p>Enter the estimated percent of other management used by the farming operation of the individual identified in Part A.</p> <p>Enter any other person providing management without compensation for the</p>

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	farming operation of the individual identified in Part A. Briefly describe the management provided.

Part I Certification

1 Signature (By)	<p>The individual identified in Part A, or an authorized representative of the individual identified in Part A, shall sign the certification.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.</p>
2 Title/Relationship	<p>If the individual identified in Part A signs the document, this field should be left blank.</p> <p>If an authorized representative for the individual identified in Part A signs this document, use this field to show the individual's representative capacity. (For example, agent or attorney-in-fact.)</p>
3 Date	Enter the date the form was signed.