

# NATIONAL AGRICULTURAL CLASSIFICATION SURVEY

OMB No. 0535-0140  
 Approval Expires: 5/31/2022  
 Project Code: 649  
 Survey ID: 2994 Version: 2



**USDA/NASS**  
 National Operations Division  
 9700 Page Avenue, Suite 400  
 St. Louis, MO 63132-1547  
 Phone: 1-888-424-7828  
 Fax: 1-855-415-3687  
 Email: [nass@nass.usda.gov](mailto:nass@nass.usda.gov)

Please make corrections to name, address, and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is voluntary.

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 number is 0535-0140. The time required to complete this information collection is estimated to average 15 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.

|  |     |   |                              |   |  |                             |
|--|-----|---|------------------------------|---|--|-----------------------------|
| In the past 12 months...   |     |   |                              |   | If you answered <b>No</b> to ALL questions, complete the Conclusion section on the back page and return this form. |                             |
| • Did you raise or sell any livestock (including cattle, hogs, sheep, goats, equine, poultry, bees, aquaculture, etc.)?.....         | 003 | 1 | <input type="checkbox"/> Yes | 3 |  | <input type="checkbox"/> No |
| • Did you operate cropland, pastureland, or other land with agricultural activity? (Exclude personal or home use gardens.).....      | 198 | 1 | <input type="checkbox"/> Yes | 3 |  | <input type="checkbox"/> No |
| • Do you have any land with potential for agricultural activity?.....  | 199 | 1 | <input type="checkbox"/> Yes | 3 |  | <input type="checkbox"/> No |
| • Did you receive any Federal or state agricultural payments? (Include Federal Farm Program, CRP, WRP, FWP, and CREP payments.)..... | 004 | 1 | <input type="checkbox"/> Yes | 3 |  | <input type="checkbox"/> No |

If you answered **Yes** to ANY question above, continue on next page.

To avoid further contacts, please complete and return this form by mail or via the internet at [www.agcounts.usda.gov](http://www.agcounts.usda.gov) by **May 3, 2021**.

**Acres Operated and Land Usage**

Include land under permits, the farmstead, and all cropland.

1. How many acres are:

|   |   | Acres   |
|---|---|---|
| a. Operated under a PERMIT on federal trust lands or tribal lands on an American Indian Reservation. (Include grazing permits and land use or farm permits, homesite leases, and other permit arrangements.)..... | + | xxx <input type="text"/>                                  |
| b. Owned?.....  | + | 111 <input type="text"/>                                  |
| c. Rented or leased <b>from</b> others, or used rent free? (Exclude land used on an animal unit month (AUM) basis.).....  | + | 112 <input type="text"/>                                  |
| d. Rented or leased <b>to</b> others?.....  | - | 113 <input type="text"/>                                  |
| <b>2. Total acres operated:</b> [Items 1a + 1b + 1c – 1d].....  | = | 900 <input style="border: 2px solid black;" type="text"/> |

3. Of the total acres operated [Item 2], how many acres are considered cropland? (Include planted cropland, land in hay, summer fallow, idle cropland, cropland used for pasture, and cropland in government programs.).....

300

4. Of the total cropland acres [Item 3], how many are used to produce:

|   |     |   |
|---|-----|---|
| a. Traditional or Indian corn?.....   | xxx | <input type="text"/>  |
| b. Any hay or forage crops? (Count each acre only once, regardless of the number of cuttings or different uses.)..... | 345 | <input type="text"/>  |
| c. Any fruit, berry, or nut crops? (Exclude home garden, personal or home use crops.).....                            | 400 | <input type="text"/>  |
| d. Any vegetable or melon crops? (Exclude potatoes, home garden, personal or home use crops.).....                    | 689 | <input type="text"/>  |
| e. All other crops or idle cropland?.....   | 202 | <input type="text"/>  |
| f. Any nursery, greenhouse, floriculture crops, or aquatic plants?.....   | 939 | 1 <input type="checkbox"/> Yes    3 <input type="checkbox"/> No |

**Livestock, Poultry, and Bees**

5. During the past 12 months, what was the largest number of the following livestock on hand at any one time? (Include animals of any age, including newborns.)

|   |     | Number               |
|---|-----|----------------------|
| a. All cattle and calves, regardless of ownership?.....                         | 610 | <input type="text"/> |
| b. All hogs and pigs owned by this operation, regardless of location?.....      | 630 | <input type="text"/> |
| c. All sheep and lambs owned by this operation, regardless of location?.....    | 640 | <input type="text"/> |
| d. All goats and kids, regardless of ownership?.....                            | 645 | <input type="text"/> |
| e. All horses, ponies, mules, donkeys, or burros, regardless of ownership?..... | 675 | <input type="text"/> |



13. Answer the following for up to four individuals who were involved in the decisions for this operation as of December 31, 2020.

|   | Person 1   | Person 2   | Person 3   | Person 4   |
|---|--|--|--|--|
| a. Full Name  | 1836   | 1852   | 1872   | 1873   |
| b. Sex  | 1926 <input type="checkbox"/> Male <input type="checkbox"/> Female   | 1586 <input type="checkbox"/> Male <input type="checkbox"/> Female   | 1597 <input type="checkbox"/> Male <input type="checkbox"/> Female   | 1614 <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| c. Age on Dec 31, 2020  | 1925 _____ years   | 1585 _____ years   | 1596 _____ years   | 1615 _____ years   |
| d. In what year did the person begin to operate any part of THIS operation? | 1930   | 1584   | 1595   | 1627   |
| e. Is this person of Hispanic, Latino or Spanish origin?                    | 1927 <input type="checkbox"/> Yes <input type="checkbox"/> No  | 1587 <input type="checkbox"/> Yes <input type="checkbox"/> No  | 1598 <input type="checkbox"/> Yes <input type="checkbox"/> No  | 1622 <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| f. Race (Mark one or more)  | Mark one or more<br>2701 <input type="checkbox"/> White<br>2702 <input type="checkbox"/> Black or African American<br>2703 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____<br>2733 _____<br>If Navajo, specify chapter: xxxx _____<br>2705 <input type="checkbox"/> Asian<br>2704 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Mark one or more<br>1801 <input type="checkbox"/> White<br>1802 <input type="checkbox"/> Black or African American<br>1803 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____<br>1833 _____<br>If Navajo, specify chapter: xxxx _____<br>1805 <input type="checkbox"/> Asian<br>1804 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Mark one or more<br>1901 <input type="checkbox"/> White<br>1902 <input type="checkbox"/> Black or African American<br>1903 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____<br>1933 _____<br>If Navajo, specify chapter: xxxx _____<br>1905 <input type="checkbox"/> Asian<br>1904 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Mark one or more<br>1616 <input type="checkbox"/> White<br>1617 <input type="checkbox"/> Black or African American<br>1618 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____<br>1619 _____<br>If Navajo, specify chapter: xxxx _____<br>1620 <input type="checkbox"/> Asian<br>1621 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

**Conclusion**

14. Has the operator named on the label sold, rented, or turned over this operation to someone else?

<sup>1086</sup>  Yes - Please provide information for the operation that has taken over the land  No - Go to Item 15

Operation Name \_\_\_\_\_ Operator Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ check if cell phone

15. It is important that we do not have duplication on our list of farms and ranches. Is it possible the information on this form would be reported by another operation or under another name?

<sup>1080</sup>  Yes - Please provide information for the other operation or name  No

Operation Name \_\_\_\_\_ Operator Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ check if cell phone

Respondent Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 9912 \_\_\_\_\_ 9910 MM DD YY  
 \_\_\_\_\_

Respondent Email: \_\_\_\_\_ Respondent Phone: \_\_\_\_\_  
 1095 \_\_\_\_\_ 9911 (\_\_\_\_) \_\_\_\_\_ check if cell phone

Operation Email (if different from above): \_\_\_\_\_ Operation Phone (if different from above): \_\_\_\_\_  
 9937 \_\_\_\_\_ 9936 (\_\_\_\_) \_\_\_\_\_ check if cell phone

Please return this form in the postage-paid envelope provided. Thank you for your cooperation.