

NATIONAL AGRICULTURAL CLASSIFICATION SURVEY

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



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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 No 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 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 from others, or used rent free? (Exclude land used on an animal unit month (AUM) basis.).....	+	112 <input type="text"/>
d. Rented or leased to others?.....	-	113 <input type="text"/>
2. Total acres operated: [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"/>

6. Chickens: Report any chickens on the total acres operated during the past 12 months, regardless of ownership.

- a. What was the total number of broilers, fryers, capons, roasters, and other chickens being raised for meat production during the past 12 months?..... 767 Number
- b. What was the largest number of layers, pullets, and roosters for laying flock at any one time? (Exclude chickens reported in Item 6a.)..... 892 Number
- i. If there were any layers, pullets, or roosters, what was the primary type of layer/pullet operation?
- ⁷⁵⁶ 3 Table Egg 1 Egg Type Hatchery
- 2 Broiler Type Hatchery 4 Pullets for Laying Flock

7. Turkeys: During the past 12 months, how many total turkeys were raised on the total acres operated, regardless of ownership?..... 770 Number

8. Bees: During the past 12 months, what was the largest number of colonies of bees owned by this operation regardless of location?..... 839 Number

Labor

9. During the past 12 months, what was the largest number of hired agricultural workers, including paid family members, on the payroll on any one day? (Exclude contract labor and retail workers.)... 885 Number

Sales and Federal Farm Program Payments

10. Please indicate below which code best describes the total gross value of sales for 2020, including landlord's share, Federal Farm Program Payments, and value of product for all crops, livestock, and poultry produced under contract. (Exclude cash rent received or share of crops received for land rented to others.)

(Include value from: field crops, hay, silage and forage crops, Christmas trees, short rotation woody crops, seed crops, nursery, greenhouse, floriculture, sod, mushrooms, seeds, bulbs, vegetables, melons, fruits, nuts, berries, other crops, maple syrup, hogs and pigs, cattle and calves, sheep and lambs, goats, poultry, horses, bees and honey, eggs, dairy products, other animals, livestock and animal products, fish, and other aquaculture.)

- ²⁰¹ 2 'None' this year 3 \$1 - \$999 4 \$1,000 - \$2,499 5 \$2,500 - \$4,999
- 6 \$5,000 - \$9,999 7 \$10,000 - \$24,999 8 \$25,000 - \$49,999 9 \$50,000 - \$99,999
- 10 \$100,000 - \$149,999 11 \$150,000 - \$249,999 12 \$250,000 - \$349,999 13 \$350,000 - \$499,999
- 14 \$500,000 - \$999,999 15 \$1,000,000 and over

Location of Agricultural Activity for this Operation

11. In what county and state was the largest value of your agricultural products raised or produced?

Principal County Name	State
0055	0060

Operator

12. In the past 12 months, how many men and women were involved in decisions for this operation? (Include family members and hired managers. Exclude hired workers unless they were a hired manager or family member.)..... 1571 Men 1574 Women

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 2701 <input type="checkbox"/> White 2702 <input type="checkbox"/> Black or African American 2703 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____ 2733 _____ If Navajo, specify chapter: xxxx _____ 2705 <input type="checkbox"/> Asian 2704 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Mark one or more 1801 <input type="checkbox"/> White 1802 <input type="checkbox"/> Black or African American 1803 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____ 1833 _____ If Navajo, specify chapter: xxxx _____ 1805 <input type="checkbox"/> Asian 1804 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Mark one or more 1901 <input type="checkbox"/> White 1902 <input type="checkbox"/> Black or African American 1903 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____ 1933 _____ If Navajo, specify chapter: xxxx _____ 1905 <input type="checkbox"/> Asian 1904 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Mark one or more 1616 <input type="checkbox"/> White 1617 <input type="checkbox"/> Black or African American 1618 <input type="checkbox"/> American Indian or Alaska Native, Specify tribe: _____ 1619 _____ If Navajo, specify chapter: xxxx _____ 1620 <input type="checkbox"/> Asian 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?

¹⁰⁸⁶ 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?

¹⁰⁸⁰ 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.