Instructions For CCC-901

MEMBER'S INFORMATION

Producers are required to complete this form to report information about their farming operation. This information is used by FSA to determine the ownership interest of entities for payment limitation purposes.

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

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, <u>provided</u> that (1) the customer submitting the form is the only 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.� To establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

All items applicable to the payment entity must be completed by following the instructions provided below.

Items 1-3

Fld Name / Item No.	Instruction
1 and 2 County and State Name	Enter the name of the county and State where the farming operation is located.� If in more than one county, enter the name of the county that has been designated as the administrative county.��
3 Program Year	Enter the current program year, or the year for which this information is applicable.

Part A, Items 1-5

Part A Legal Entity Name	Enter the name and tax ID number of the legal entity earning the payment.
1 Member�s Name	Enter the names of the members making up the legal entity listed in Part A. *(This could be a person or a legal entity.)*
2 Social Security	Enter the Social Security Number or tax identification number of the members.

Fld Name / Item No.	Instruction
Number/ Tax ID Number	
3 Address	Enter the address of each member of the legal entity.
4 Percent Share	Enter the percent share of the legal entity that each member owns.
5 Signature Authority	Check �YES� if the member has signature authority for this entity. Check �NO� if the member does not have signature authority for����� this entity.

Part B - Embedded Legal Entities � If any member listed in Part A, Item 3 is a legal entity (i.e., part of another partnership, corporation, etc.) list the members of that legal entity in this item.� (If more than one member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.)

Part B, Items 1-5

Part B Embedded Legal Entity Name	Enter the name and tax ID number of the embedded legal entity that is a member of the legal entity entered in Part A.
1 Member�s Name	Enter the names of the members making up the legal entity listed in Part B. *(This could be a person or a legal entity.)*
2 Social Security/Tax ID Number	Enter the social security number or tax identification number of the members.
3 Address	Enter the address of each member of the entity.
4 Percent Share	Enter the percent share of the legal entity that each member owns.
5 Signature Authority	Check �YES� if the member has signature authority for this entity. Check �NO� if the member does not have signature authority for����� this entity.

Fld Name / Item No.	Instruction

Part C - Embedded Legal Entities � *If any member listed in Part B, Item 7 is a legal entity (i.e., part of another partnership, corporation, etc.) lists the members of that legal entity in this item.*� *(If more than one member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.)*

Part C, Items 1-5

Part C Embedded Legal Entity Name	Enter the name and tax ID number of the embedded legal entity that is a member of the legal entity entered in Part B.
1 Member�s Name	Enter the names of the members making up the legal entity listed in Part C. *(This could be a person or legal entity.)*
2 Social Security/Tax ID Number	Enter the social security number or tax identification number of the members.
3 Address	Enter the address of each member(s).
4 Percent Share	Enter the percent share of the legal entity that each member owns.
5 Signature Authority	Check �YES� if the member has signature authority for this entity. Check �NO� if the member does not have signature authority for������� this entity.

Part D, Items 1-6 Minor Members or Shareholders

�Minor members	If none of the members listed Parts A-D is a minor, check �N/A� (not applicable), then GO TO Part F.
1 � 5 Minor Members or Shareholders	If any member listed in Parts A-D is a minor, provide the following information about that member: �� 1)�� Minor�s name �� 2)�� Minor�s date of birth 1) �Name of the minor�s parent or guardian 2) �Address of the parent or guardian 3) Taxpayer ID number of the parent or guardian **Note:** If the complete taxpayer ID number is already on file at FSA, �������� only the last 4 digits are required.

Fld Name / Item No.	Instruction
6(a) � 6(d) Separate Status of Minors �	a) Check �YES� if any minor listed in Part E is a producer on a farm and the parent or guardian has no interest.� Check �NO� if the minor is a producer on a farm and the parent or guardian has an interest in the farming operation.
6(a) � 6(d) Separate Status of Minors � *(Continued)*	b)� Check �YES� if the minor listed in Part E maintains a separate ����� household from the parent or guardian and personally carries out ����� all farming activities with respect to the minor�s own farming ����� operation, including maintaining separate accounting.� Check ����� �NO� if the minor does not maintain a separate household from ����� the parent or guardian and does not personally carry out all ����� farming activities with respect to the minor�s own farming ����� operation, including maintaining separate accounting c)� Check �YES� if the minor listed in Part E who is represented by ����� a court-appointed guardian or conservator, live in a household ����� other than the parents� household(s), and have a vested ����� ownership in the farm.� Check �NO� if the minor, who is ����� represented by a court-appointed guardian or conservator, does ����� not live in a separate household other than the parents� ����� household(s), and does not have a vested ownership in the farm.� a) If �YES� is checked for all Items 6(a) through 6(c), write the name of the minor in the space provided at 6(d).

Part E, Item 7 Foreign Persons

7A	Check �YES�, if all members/shareholders are US Citizens. Go

Fld Name / Item No.	Instruction
Citizenship Status	to Part F. Check �NO�, if one or more members/shareholders is not a US Citizen.� Complete Item 7B.
7B Member/ Shareholder	For each member/shareholder who is not a US Citizen: (1)� Enter name of individual (2)� Check if form I-551 is valid

Part F, Items 1-3 Certification

1 Signature (By)	An individual member, or an authorized representative of the entity identified in Part A, shall sign the certification.
2 Title/ Relationship	If an authorized representative for the entity identified in Part A signs this document, use this field to show the individual�s representative capacity.� (For example, �agent� or �attorney-in-fact.�)
3 Date	Enter the date the form was signed.