OMB Control Number: 0560-XXXX OMB Expiraton date: XX/XX/X

This form is available electronically.

FSA-2601 U.S. DEPARTMENT OF AGRICULTURE
(xx-xx-xx) Farm Service Agency

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA) SECTION 1005 LOAN PAYMENT

4/20/2021

Joe Farmer Jr 123 Main Street Suite 101 Temple, Texas 76501

Dear Borrower.

FSA records show that you had a direct loan(s) on January 1, 2021, and that you are eligible for payment under the American Rescue Plan Act of 2021 (ARPA) Loan Payment program. All of your eligible direct loan debt will be paid in full. Eligible direct loan debt includes Farm Storage Facility Loans (FSFL), as well as most Farm Loan Program (FLP) direct loans. Eligible FLP loan types include Conservation, Emergency, Farm Ownership (including Down Payment), Grazing, Irrigation and Drainage, Operating (including Youth and Microloans), and Soil & Water. The ARPA Calculation Worksheet, attached to this notification, provides detailed calculations for your eligible direct loan debt, including any debt that was paid in full after January 1, 2021. Notification regarding any guaranteed loans that you may have will be sent at a later date.

After your ARPA-eligible direct loans are paid in full, you will still be indebted to FSA for any loans that are not eligible for the ARPA Loan Payment program. This includes Economic Emergency loan 29-01 dated 3/5/1984, and Operating Loan 44-05 dated 12/4/2020 which was not fully advanced on 1/1/2021.

If you are in bankruptcy or have been discharged of the debt, this informational notice is not an attempt to collect or recover the discharged debt as your personal liability.

You may select one of the following three options:

[] **OPTION 1.** I accept the ARPA payment as calculated by FSA for my eligible direct loan debt or, in the case of an Estate or deceased person, for the debt owed by the Estate or deceased person I represent. Please apply the payment to my FSA eligible direct loan debt or, in the case of an Estate or deceased person, to the eligible direct loan debt owed by the Estate or deceased person I represent, and pay the 20 percent portion to assist with tax liability using the bank account(s) information I provided below.

I certify under penalty of perjury punishable as a federal crime pursuant to 18 U.S.C. § 1001 that, to the best of my knowledge, I am, or at least one borrower who signed the promissory note(s) or assumption agreement(s) establishing the receipt of direct loan assistance from FSA is, a member of an eligible socially disadvantaged group as defined by section 2501(a) of the Food, Agriculture, Conservation, and Trade Act of 1990. A socially disadvantaged group includes borrowers who are: American Indian, Alaskan Native, Asian, Black, African American, Native Hawaiian, Pacific Islander, or Hispanic or Latino.

I understand and acknowledge:

- FSA payments, including the ARPA payment, are subject to public disclosure. Consequently, after any payment is made according to ARPA and applicable regulations or Notifications of Funding Availability, my name (or in the case of an Estate or deceased person, the name of the Estate or deceased person) will be released in public documents or records and/or listed on a USDA and/or FSA webpage as having received an ARPA payment.
- FSA will not provide my reported race and ethnicity next to my name (or in the case of an Estate or deceased person, will not provide their race and ethnicity next to their name) in public documents or records or on the USDA and/or FSA webpage when it lists my name (or in the case of an Estate or deceased person, their name) as having received an ARPA payment, unless a determination is made that race and ethnicity is not considered PII, or unless USDA/FSA is directed to list the information pursuant to a court order or law or regulation.

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• FSA will continue to provide any and all information in its loan files, including for the purposes of cooperating with a Federal audit (such as may be conducted by the Government Accounting Office); cooperating with a law enforcement agency; reporting fraud, waste and abuse to the Office of the Inspector General (OIG); when cooperating with an OIG investigation; or for other audit, law enforcement or investigative purposes, including any investigation into allegations that I misreported/misrepresented my race and/or ethnicity (or in the case of an Estate or deceased person, their race and/or ethnicity) to FSA for the purposes of receiving an ARPA payment.

- Receiving an ARPA payment may have income tax consequences for me, my farm operation, or the Estate of the deceased person I am representing. It is my responsibility to consult with a tax professional if I have any questions. It is also my responsibility to pay any and all taxes that may be owed as a result of receiving an ARPA payment.
- Additional assistance for borrowers through community-based organizations and other service providers will be made available in a future letter to borrowers and announced on farmers.gov/americanrescueplan, via GovDelivery, and a press release.
- Receiving an ARPA payment may have bankruptcy implications if I, my farm operation, or the Estate of the deceased person I am
 representing is currently under bankruptcy court protection. The USDA makes no representation whether any payment directly to a borrower
 in a pending bankruptcy case constitutes property of the bankruptcy estate. It is my responsibility to consult bankruptcy professionals or
 counsel to discuss the impact of bankruptcy on any payments received under ARPA.
- I hereby assign the ARPA payment to FSA for the amount of eligible direct loan debt as shown in the Amount Paid to FSA column on the ARPA Calculation Worksheet.
- If my loan payments are currently being made via Pre-Authorized Debt (PAD), my PAD will be cancelled.
- The ARPA payment shown in the Amount Paid to Borrower column on the ARPA Calculation Worksheet will be made electronically using the banking information I provide.
- If my loan installment is coming due, I may still receive an automated payment reminder letter. I understand that I can disregard the reminder letter for any loans that are listed on the ARPA Calculation Worksheet.
- Any payments applied to loans listed on the ARPA Calculation Worksheet after January 1, 2021, will be refunded to the primary borrower.
- Due to the number of ARPA payments that must be processed, it may take several weeks or more for FSA to process the payment. After the payment has been processed, if there was property that was pledged as security for the FSA debt, FSA will mail me the documents needed to release the FSA lien. Unless otherwise required by State law, it is my responsibility to file/record the lien release with the applicable office or entity in the County/State where the property is located.
- The chart below explains how my payment will be distributed and who is required to sign this form. It is my/our responsibility to obtain all required signatures in order for a payment to be issued:

	ARPA PAYMENT DISTRIBUTION SCENARIOS								
BORROWER TYPE	DISTRIBUTION OF FUNDS TO PAY OFF LOAN (will be reported as income on IRS Form 1099-G)	DISTRIBUTION OF ADDITIONAL 20% PAYMENT (will be reported as income on IRS Form 1099-G)	FSA-2601 SIGNATURE REQUIREMENTS	REQUIRED FINANCIAL INSTITUTION INFORMATION	COMMENTS				
SDA Individual	All attributable to SDA Individual	All to SDA Individual	SDA Individual	Account Supplied by SDA Individual	The amount of interest paid will always be reported on IRS Form 1098 to the primary borrower. Borrowers may seek professional advice on how best to report to the IRS.				
Formal Entity, At Least One SDA Borrower	All attributable to Entity	All to Entity	All SDA Borrowers	Account Supplied by Entity	A formal entity has a unique tax ID, while an informal entity uses the SSN of one of the borrowers.				
Informal Entity/Married Couple, At Least One SDA Borrower	Attributed equally among all Borrowers	Attributed equally among all Borrowers	All SDA Borrowers		All SDA borrowers are required to sign to ensure their understanding and agreement to the program benefit they are entitled to.				

• If at least one, but not all, required signatures are received within 60 days of the date of this notification, the socially disadvantaged borrowers who have not signed will be notified of their appeal rights. If an appeal is not requested within 30 days, FSA will process the payment as described in this notice.

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In order for USDA to proceed, please complete this form in its entirety and return it to your local FSA office or to the following:

1400 Independence Ave SW, Washington DC, 20250 Fax: (202) 555-5555 Email: loan.officer@usda.gov

[] OPTION 2. Before I make a decision, I want to schedule a meeting with the local FSA office to discuss this notice (for example, if I disagree with the calculation, if an error is identified, or if I disagree with the payment distribution) or provide updated information that may affect the payment distribution. My meeting preference is:
• [] telephone meeting on my phone number [] in person at the FSA office. However, I understand and acknowledge that scheduling an in-person meeting may not be possible due to local, State or Federal restrictions due to COVID-19.
• FSA will contact you within seven (7) days of receiving your request for a meeting.
[] OPTION 3. I do not want to receive the ARPA payment. I understand and acknowledge that my decision to not accept the ARPA payment is final and irrevocable. I understand and acknowledge that FSA will continue to service the debt according to FSA regulations and the Debt Collection Improvement Act of 1996 (DCIA) requirements.
Sincerely,
Sheila Oellrich Program Analyst

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the American Rescue Plan Act of 2021 (ARPA), the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to verify (or update, if needed) a customer's demographic information in USDA and FSA records in order to process the customer's request for payment according to ARPA and applicable regulations. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notices for AMS-3, Perishable Agricultural Commodities Act (PACA), USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a determination that FSA cannot process the customer's request for payment.

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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American Rescue Plan Act of 2021 (ARPA) Section 1005 Loan Payment Calculation Worksheet Direct Farm Loans

Primary Borrower Name: Joe Farmer Jr Case Number: 01-001-****1234

	Direct Loans									Payment D	istı	ibution		
Loan Number	Date of Loan		paid Principal of 1/1/2021		paid Interest of 1/1/2021	Ad	Protective vances after 1/1/2021	Т	otal Payoff	Cal	culated ARPA Payment	otal Amount Paid to FSA		otal Amount Paid to Sorrower(s)
44-01-OL	3/14/1991	\$	21,061.74	\$	3,526.25	\$	1,000.00	\$	25,587.99	\$	30,705.59	\$ 25,587.99	\$	5,117.60
44-09-OL	3/11/2015	\$	31,854.92	\$	2,299.33	\$	-	\$	34,154.25	\$	40,985.10	\$ 34,154.25	\$	6,830.85
44-10-OL	3/11/2015	\$	90,634.67	\$	6,545.81	\$	-	\$	97,180.48	\$	116,616.58	\$ 97,180.48	\$	19,436.10
41-11-FO	3/11/2015	\$	126,065.24	\$	25,818.30	\$	-	\$	151,883.54	\$	182,260.25	\$ 151,883.54	\$	30,376.71
44-12-OL	3/11/2015	\$	78,120.70	\$	3,410.54	\$	-	\$	81,531.24	\$	97,837.49	\$ 81,531.24	\$	16,306.25
43-13-EM	3/11/2015	\$	90,634.67	\$	6,545.81	\$	-	\$	97,180.48	\$	116,616.58	\$ 97,180.48	\$	19,436.10
44-14-OL	3/11/2015	\$	26,065.24	\$	25,818.30	\$	-	\$	51,883.54	\$	62,260.25	\$ 51,883.54	\$	10,376.71
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
		\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	\$	-
Totals		\$	464,437.18	\$	73,964.34	\$	1,000.00	\$	539,401.52	\$	647,281.82	\$ 539,401.52	\$	107,880.30

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ARPA Payment	Distribution t	to Joe Farmer Jr, Primary	
Amount Paid 6 FSA Total Amount: \$ 539,401.5 Amount Attributed to Joe Farmer Jr: \$ 539,401.5	52	Total Amo Amount Paid to Joe Farme	, , , , , , , , , , , , , , , , , , , ,
Financial Institution	Information	- Must Attach a Voided Check	3
Bank Name			
Nine-Digit Routing Number		Account Number Checking	Savings
Account Holder's Name		Type of Account	
	Signati	ıre	
This form must be signed by all socially disadvantaged borrowers of released of liability for the debt. In the case of an Estate, the decept the person authorized to act on behalf of the Estate. By signing Section 1005 Loan Payment Calculation Worksheet and find all loads.	eased person mus g below, you are	st have been liable for the debt as o certifying that you have reviewed th	f 1/1/2021, and this form must be signe iis notice (FSA-2601) and the ARPA
oe Farmer Jr	Hispanic	White	
Name	Ethnicity	Race	

AR	RPA Payment Distributi	on to Joe Farmer Jr, Primary	
	Amount Paid to		Amount Paid to
	FSA		Borrowers
Total Amount:	\$ 539,401.52	Total Am	· ,
Amount Attributed to Joe Farmer Jr:	\$ 539,401.52	Amount Paid to Joe Farm	ner Jr: \$ 107,880.30
Financi	al Institution Informati	on - Must Attach a Voided Chec	k
Bank Name			
Nine-Digit Routing Number		Account Number	
		Checking	Savings
Account Holder's Name		Type of Account	
	Sign	atures	
by the person authorized to act on behalf of the Es Section 1005 Loan Payment Calculation Worksheet loe Farmer Jr	and find all loans eligible fo	r ARPA payments have been included a	
Section 1005 Loan Payment Calculation Worksheet	and find all loans eligible fo	r ARPA payments have been included a	
oection 1005 Loan Payment Calculation Worksheet oe Farmer Jr Name	and find all loans eligible fo	r ARPA payments have been included a	
oe Farmer Jr Name Signature	and find all loans eligible fo	r ARPA payments have been included a	and the calculations are correct.
Section 1005 Loan Payment Calculation Worksheet	and find all loans eligible for Hispanic Ethnicity	r ARPA payments have been included a	and the calculations are correct.
oe Farmer Jr Name Signature ane Farmer	and find all loans eligible for Hispanic Ethnicity Hispanic	r ARPA payments have been included a White Race White	and the calculations are correct.
oe Farmer Jr Name ane Farmer Name signature signature	Hispanic Hispanic Ethnicity Hispanic Ethnicity	White Race White Race	Date
ection 1005 Loan Payment Calculation Worksheet oe Farmer Jr Jame ignature ane Farmer Jame oe Farmer Sr	and find all loans eligible for Hispanic Ethnicity Hispanic	White Race White Race	Date
oe Farmer Jr Name ane Farmer Name	Hispanic Hispanic Ethnicity Mot Hispa	r ARPA payments have been included a White Race White Race Asian	Date
ection 1005 Loan Payment Calculation Worksheet oe Farmer Jr Jame ignature ane Farmer Jame oe Farmer Sr	Hispanic Hispanic Ethnicity Mot Hispa	r ARPA payments have been included a White Race White Race Asian	Date

Date

Signature

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			e Farmer Jr, Primary			
	Amount Paid to			Am	ount Paid to	
	FSA				Borrowers	
Total Amount:	\$ 539,401.52		Total Am	nount: \$	107,880.30	
Percent of Payment to Joe Farmer Jr:	20%	Per	cent of Payment to Joe Farm	ner Jr:	20%	
Amount Attributed to Joe Farmer Jr:	\$ 107,880.30		Amount Paid to Joe Farm	ner Jr: \$	21,576.06	
Financ	ial Institution Infor	mation - Mu	st Attach a Voided Chec	ck		
Bank Name						
Nine-Digit Routing Number			Account Number	_		
			Checking	[Savings	
Account Holder's Name		1	Type of Account			
		Signature				
This form must be signed by all socially disadvanta	ged borrowers who sig	ned the promis	ssory note(s) or assumption a	agreement(s)	and have not previ	ously bee
released of liability for the debt. In the case of an by the person authorized to act on behalf of the Es Section 1005 Loan Payment Calculation Workshee	state. By signing below	, you are certif	ying that you have reviewed t	this notice (I	SA-2601) and the A	RPA
			White			
loe Farmer Jr	Hisi	oanic \	WILLE			
oe Farmer Jr Name		<u> </u>	Race			

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ARPA Payli	ent Distribution to	Jane Farmer, Co-Borrower	
	t Paid to SA		Amount Paid to Borrowers
	9,401.52	Total Amount	
Percent of Payment to Jane Farmer:	20%	Percent of Payment to Jane Farmer	: 20%
Amount Attributed to Jane Farmer: \$ 10	7,880.30	Amount Paid to Jane Farmer	\$ 21,576.06
Financial Instit	tution Information	- Must Attach a Voided Check	
nk Name			
ne-Digit Routing Number		Account Number Checking	Savings
count Holder's Name		Type of Account	
	Signati	ure	
nis form must be signed by all socially disadvantaged borro leased of liability for the debt. In the case of an Estate, the the person authorized to act on behalf of the Estate. By action 1005 Loan Payment Calculation Worksheet and agr	ne deceased person mussigning below, you are	st have been liable for the debt as of 1/2 certifying that you have reviewed this n	1/2021, and this form must be signe otice (FSA-2601) and the ARPA
ne Farmer	Hispanic	White	

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	A B			A	
	Amount Paid to FSA			Amount Paid to Borrowers	
Total Amount:	\$ 539,401.52		Total Amount:	\$ 107,880.30	
Percent of Payment to Joe Farmer Sr:	20%	Percent of Payment to	Joe Farmer Sr:	20%	
Amount Attributed to Joe Farmer Sr:	\$ 107,880.30	Amount Paid to	Joe Farmer Sr:	\$ 21,576.06	
Financ	ial Institution Inform	ation - Must Attach a Void	ed Check		
ank Name					
line-Digit Routing Number		Account Number			
		Checking		Savings	
account Holder's Name		Type of Account			
		ignature			
		ng nature			
his form must be signed by all socially disadvanta eleased of liability for the debt. In the case of an	•	. , , ,		• •	•
by the person authorized to act on behalf of the Es	·				_
ection 1005 Loan Payment Calculation Workshee	t and agree that all loans	eligible for ARPA payments have	been included a	and the calculations are	correct.
pe Farmer Sr	Not H	ispanic Asian			

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ARPA	Payment Distrib	ution to Joseph I	Farmer, Co-Borrow	ver		
	Amount Paid to FSA				Amount Paid to Borrowers	
Total Amount:	\$ 539,401.52		Total	Amount:	\$ 107,880.30	
Percent of Payment to Joseph Farmer:	20%	Percent	t of Payment to Joseph	n Farmer:	20%	
Amount Attributed to Joseph Farmer:	\$ 107,880.30	I	Amount Paid to Joseph	n Farmer:	\$ 21,576.06	
Financ	ial Institution Info	ermation - Must	Attach a Voided Cl	heck		
Fillanc		- Iviust	Attach a volueu ci	IICCK		
						
3ank Name						
Nine-Digit Routing Number		Acc	count Number			
		[Checking		Savings	
Account Holder's Name		Тур	e of Account			
		Signature				
This form must be signed by all socially disadvanta released of liability for the debt. In the case of an	•	•		•	` '	•
by the person authorized to act on behalf of the Es						
Section 1005 Loan Payment Calculation Workshee			-			
Section 1005 Loan Payment Calculation Workshee	Hi	spanic Whi	ite			
		spanic Whi				

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ARPA	A Payment Distribu	ion to Josie Farmer, Co-Borrower	
	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Am	ount: \$ 107,880.30
Percent of Payment to Josie Farmer:	20%	Percent of Payment to Josie Fa	rmer: 20%
Amount Attributed to Josie Farmer:	\$ 107,880.30	Amount Paid to Josie Fa	rmer: \$ 21,576.06
Financi	al Institution Inforr	nation - Must Attach a Voided Chec	k
Bank Name			
Nine-Digit Routing Number		Account Number Checking	Savings
Account Holder's Name		Type of Account	
		Signature	
This form must be signed by all socially disadvantage leased of liability for the debt. In the case of an loy the person authorized to act on behalf of the Esfection 1005 Loan Payment Calculation Worksheet	Estate, the deceased pe tate. By signing below,	son must have been liable for the debt as you are certifying that you have reviewed t	of 1/1/2021, and this form must be signed this notice (FSA-2601) and the ARPA
osie Farmer	Hispa	nic African American/White	
Name	Ethn	city Race	
Signature			 Date

Public Burden Statement: Public reporting burden for this collection is estimated to average 15 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0560-0XXX.