

## FARM SELF-EMPLOYMENT QUESTIONNAIRE

1. NAME OF SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER
---------------------------------	------------------------

2. THIS RELATES TO PERIOD (DATES)	Did you live on the farm during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "No," how far from the farm did you live?
From: _____ To: _____		

3. HOW LARGE WAS THE FARMING OPERATION DURING THIS PERIOD? (*Total acreage, acreage cultivated, crop allotments, usual size of herds, etc.*)

---

---

4. WHAT WAS YOUR STATUS WITH REGARD TO THIS FARMING OPERATION?  
(*Check appropriate box or boxes according to local terminology*)

OWNER  OWNER-OPERATOR  PARTNER  LANDLORD  TENANT  SHARECROPPER  OTHER

5. DID ANY OTHER PERSON WORK OR HELP WORK THE FARM? IF "YES," ANSWER (A). (B). (C). <input type="checkbox"/> YES <input type="checkbox"/> NO	(A) NAME OF THE OTHER PERSON(S) AND FAMILY RELATIONSHIP, IF ANY.
--	--

(B) WHAT DID THE OTHER PERSON DO IN CONNECTION WITH THE FARMING OPERATION?

---

---

---

(C) HOW WAS THE OTHER PERSON PAID?

CROP OR LIVESTOCK SHARE  CASH WAGES  ROOM & BOARD  LANDLORD

6. WAS ANY RENTAL INCOME (EITHER CASH OR CROP SHARE) INCLUDED IN FIGURING YOUR NET EARNINGS FROM SELF-EMPLOYMENT FOR THIS PERIOD?

YES  NO

7. HAS ANY INCOME FROM THE SALE OF LIVESTOCK <b>NOT HELD FOR SALE</b> BEEN INCLUDED IN FIGURING YOUR NET EARNINGS FROM SELF-EMPLOYMENT. (NOT HELD FOR SALE REFERS TO LIVESTOCK SUCH AS WORK, DAIRY, OR BREEDING ANIMALS HELD PRIMARILY FOR THE PRODUCTION OF OTHER FARM COMMODITIES.) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES," ENTER THE AMOUNT OF SUCH INCOME
--	---

REMARKS:

---

---

---

---

Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

NAME OF PERSON MAKING STATEMENT		DATE
		Telephone Number( <i>include area code</i> )
MAILING ADDRESS (Number and street, Apt. No., P.O. Box, or Rural Route)		
CITY AND STATE	ZIP CODE	Enter Name of Country (if any) - in which you now live

### Privacy Act Statement Collection and Use of Personal Information

Sections 205(b)(1), 205(c)(2)(A) and 211(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on the claim for benefits.

We will use the information to determine your eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs; and
- To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned Agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784 and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy/](http://www.ssa.gov/privacy/).

### Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*