Statement of Agricultural Employer Years 1988 and Later

Refer to:	Date	
	Person to Contact	
	Telephone Number	
	Return Address (SSA Office)	
Name of Worker	Social Security Number	

Additional Identifying Information (To be completed by Social Security Administration when applicable)

Statement of Agricultural Employer Years 1988 and Later

Work done by an agricultural employee is covered by the Social Security Act if the employee was paid \$150 or more in cash during the year by the same employer, or if the employer's expenditures for agricultural labor in such year equal or exceed \$2,500. The \$2,500 a year test does not apply to an employee who receives less than \$150 in annual cash wages if the employee: (1) is a seasonal hand-harvest laborer paid on piece-rate basis; (2) commutes daily from his or her home to the farm; and (3) has been employed in agriculture less than 13 weeks during the preceding calendar year.

Name of Worker		Social Security Number		
Wages Paid For:	Year	Year	Year	Year

For worker and tax years indicated above, please provide the following information:

 Show total cash wages paid for this employee. Include any amount withheld for taxes. If no cash wages were paid in the year(s) shown below, write "None." If you know that at least a certain amount was paid, but you do not know the exact amount, write "Not less than" and show the amount.

	Year	Amount	Year	Amount	
		\$		\$	
		\$		\$	
2. Is your annual payroll f	or agricultural lab	or \$2,500 or more?	Yes [No	
3. Did you file employmer for each year shown in		943 with the Interna	I Revenue Service	Yes] No
If "Yes," go to item 4. If	"No," please ide	ntify the year(s) for w	hich you did not fil	e a tax return, and	explain why you did not.
Explanation:					
 Did you submit wage re Social Security Adminis 				reports to the	Yes No
If "Yes," go to item 5. If	"No," please ide	ntify the year(s) for w	hich you did not fil	e a wage report, ar	nd explain why you did not.
Explanation:					

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5. For report(s) which you did file with the Social Security Administration,

were the wage amounts shown in item 1 included in your report?

Yes 🗌 No

(a) If "Yes," please provide the following information.

Tax Year	Date Filed	Employer Name Shown on Report	EIN Shown on Report

(b) If "No," show the amount of wages reported and explain why these amounts differ from the amounts shown in item 1. If no wages were reported for this individual, please show "None," as appropriate , and explain why they were not reported.

Year	Amount	Year	Amount
	\$		\$
	\$		\$
	Ψ		Ψ

Explanation:

Additional Remarks:

Perjury Warning: 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.

6. Employee's Occupation (e.g., Foreman) 7. Business Name of Employer 8. Street Address of Employer			11. Type of Farming (e.g., Dairy)	
			12. Employer's Identification Number	
			13. Printed Name and Title	
9. City	State	Zip Code		
10. Telephone No. of Person Completing This Form			14. Date This Form Completed	

Privacy Act Statement Collection and Use of Personal Information

Sections 205 and 209(a)(7) 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 any claim filed.

We will use the information you provide to give the employee credit for the correct amount of wages earned. We may also share your information for the following purposes, called routine uses:

- To a contractor for the purpose of collating, evaluating, analyzing, aggregating or otherwise refining records when the Social Security Administration contracts with a private firm. (The contractor shall be required to maintain Privacy Act safeguards with respect to such records.); and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

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 Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of our SORNs, is available on our website at 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 <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. *Send <u>only</u> comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:* SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.