

## 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)

Enclosure

## 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 _____
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Wages Paid For:      Year \_\_\_\_\_                      Year \_\_\_\_\_                      Year \_\_\_\_\_                      Year \_\_\_\_\_

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

1. 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 for agricultural labor \$2,500 or more?       Yes       No

3. Did you file employment tax return Form 943 with the Internal Revenue Service for each year shown in item 1?       Yes       No

If "Yes," go to item 4. If "No," please identify the year(s) for which you did not file a tax return, and explain why you did not.

Explanation: \_\_\_\_\_

4. Did you submit wage report Forms W-2 and W-3 or equivalent magnetic media reports to the Social Security Administration for each year shown in item 1?       Yes       No

If "Yes," go to item 5. If "No," please identify the year(s) for which you did not file a wage report, and explain why you did not.

Explanation: \_\_\_\_\_

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
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

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

**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](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 (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only 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.***

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