

Statement Of Agricultural Employees (Years Prior To 1988)

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

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

Statement Of Agricultural Employees (Years Prior To 1988)

Work done by an agricultural employee was 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 employee worked for the same employer on 20 or more days in a year and was paid cash wages figured on a TIME BASIS (hour, day, week, month, etc.) FOR YEARS PRIOR TO 1988. If you believe any of the amounts you enter are not wages or any of the employment is not covered by the Social Security Act, outline your reasons under "Remarks".

This is to certify that cash wages for agricultural labor in the amounts shown were paid during the calendar year(s) checked below to:

Name of Worker	Social Security Number
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1. Show the total cash wages paid this employee for agricultural services (including domestic service on a farm). Include any amount withheld for tax. If no wages were paid in the periods checked below, write "None." If the amounts are unknown, write "Unknown" and answer question 2.

<input type="checkbox"/> Wages paid Year 19	<input type="checkbox"/> Wages paid Year 19	<input type="checkbox"/> Wages paid Year 19	<input type="checkbox"/> Wages paid Year 19

If the amount of wages shown for any year is less than \$150, answer question 2.

2. Was this employee paid on a TIME basis? (By the hour, day, week, month, etc.) Yes No
 If "Yes," did the employee work for you on 20 or more days in the year or years? Yes No
 If your answer to item 2 does not apply to all years shown, please explain in "Remarks"

NOTE: Complete items 3 - 12 in all cases

- Complete items 13, 14, and 15 Do not complete items 13, 14, and 15

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

3. Employee's Occupation (For example, Field Worker, Milker, Herdsman)

4. Business Name of Employer (Type or Print, if different from above)	5. Employer's Federal Identification Number
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6. Street Address of Employer (if different from above)

7. City (if different from above)	State	ZIP Code
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8. Nature of Business (For example, Dairy Farm, Orchard, Cattle Ranch)

9. Written Signature of Employer or Authorized Employee of Firm

10. Title of Person Signing Above

11. Telephone Number of Individual Completing Form (Include Area Code)	12. Date this Statement Filled Out <input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Did you file employment tax return(s)(Form 943) for each period shown in item 1 of this form?

If "No," please identify the period for which no return was filed and state why you did not do so.

14. For returns which you did file, were the wages listed on this form included in your return? Yes No
 (a) If "Yes," please furnish the following information:

Date return(s) were filed:	Period Date Filed									
Page and line number of report where this employee was reported (if filed on Form 943)	Page Number									
	Line Number									

(Please use another sheet if more entries are needed)

(b) If "No," please state below the amount of wages reported and why these wages differ from the amounts shown in item 1 of this form. If no wages were reported, show "none" and explain below why no wages were reported.

Period										
Amount Reported										

(Please use another sheet if more entries are needed)

Explanation:

15. (a) Did you have employees other than this wage earner during the above period? Yes No

(b) If "Yes," was there a reporting problem with regard to any these other employees for the above periods? Yes No

Remarks:

**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 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.***