

Farm Arrangement Questionnaire

Privacy Act Statement

Collection and Use of Personal Information

~~Section 211(a)(1) of the Social Security Act, as amended, allows us to collect this information voluntarily. However, failing to provide all or part of the information may prevent us from making any claim for benefits. We will use the information you provide to help us determine if it should be included in your Social Security earnings record. We may also share the information for the following purposes, called routine uses:~~

See Revised
Privacy Act
Statement and
PRA Statement

information is
timely decision
could be included

~~1. 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.~~

~~2. To student volunteers, individuals working under a personal services contract, 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 (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System and 60-0089, entitled Claims Folders System. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.~~

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 30 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. 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.**

1. Name of Self-Employed Person _____ 2. Social Security No. _____ Period Covered: From: _____
To: _____

4. Name and Address of Other Party to Arrangement _____ 5. Family Relationship
(If none, write "None") _____

6. Description of Arrangement, Agreement, or Understanding (if in writing, attach a copy)

A. Date Arrangement Began _____ B. How long was Arrangement to last? _____

C. Crops and Livestock to be produced (List)

D. How income and expenses (or net profits and losses) were to be shared.

E. Other features or changes in arrangement.

12. Capital Contributions

NAME OF PERSON WHO FURNISHED LAND, BUILDINGS, AND IMPROVEMENTS ON THE LAND

MAJOR ITEMS OF MACHINERY, EQUIPMENT, AND LIVESTOCK CONTRIBUTED TO PRODUCTION ACTIVITIES

EXPENSES PAID OR ADVANCED BY PERSON NAMED IN ITEM 1.	Amount	EXPENSES PAID OR ADVANCED BY OTHER PARTY	Amount

13. FINANCIAL OPERATION. (Describe the financial operation. Was a business bank account maintained? In whose name(s)? Who can draw on the account? For what purpose? Who decided if and when to borrow? In whose name were any loans taken, etc.?)

14. WHOSE NAME OR NAMES APPEAR IN CONNECTION WITH THE FOLLOWING: (If not applicable, write "None.")

(A) BUSINESS LICENSES AND PERMITS	(E) BILLS TO CUSTOMERS FOR SALES
(B) FEDERAL AGRICULTURAL PROGRAM AGREEMENTS	(F) INSURANCE POLICIES
(C) MEMBERSHIP IN FARM COOPERATIVES	(G) ADVERTISEMENTS AND SIGNS
(D) BILLS FROM CREDITORS FOR PURCHASES	(H) BUSINESS CONTRACTS WITH OTHERS

IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE SHEET

~~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.~~

Please see new statement that will be shown here below

Date	Signature	Name of Person Completing the Form

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