FARM SELF-EMPLOYMENT QUESTIONNAIRE

Privacy Act/Paperwork Act Notice:

The questions on this form are authorized by section 211 (a) of the Social Security Act, as amended (42 U.S.C. 411). While it is not mandatory for you to complete this form, failure to answer the following questions would cause the Social Security Administration to make a decision on your claim based on the information available. The information that you provide on this form will be used to determine if you are self-employed as a farmer, and it may affect your eligibility for social security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

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These and other reasons why information about you may be used or given out are explained in the <u>Federal Register</u>. If you want to learn more about this, contact any Social Security office.

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1. NAME OF	SELF-EMPLOYED PERSON				SOCIAL SECURITY N	UMBER
		D (D 1750)				
2.	THIS RELATES TO PERIO	D (DATES)	DID YOU LIVE ON THI DURING THIS PERIOD		IF NU, HOWFARE	ROM THE FARM DID YOU LIVE?
FROM	то					
			YES	NO		
3. HOW LA	RGE WAS THE FARMING OPERATIO	N DURING THIS PERIOD? (Total acreage, acreage cultiv	ated, crop all	otments, usual size of l	herds, etc.)
4. WHAT W	AS YOUR STATUS WITH REGARD T	O THIS FARMING OPERAT	ION? (Check appropriate be	ox or boxes ac	ccording to local termin	ology)
						071155
	VNER OWNER-	PARTNER L	ANDLORD TENA	NT	SHARECROPPER	OTHER (Specify)
	VNER OPERATOR					(Spechy)
5. DID ANY	OTHER PERSON WORK OR HELP W	ORK THE (A) NAME O	F THE OTHER PERSON(S) A	ND FAMILY F	RELATIONSHIP. IF ANY	
	F "YES." ANSWER (A). (B). (C).					
YE	s 🗌 NO					
(B) WHAT DID	THE OTHER PERSON DO IN CONNE	CTION WITH THE FARMIN	G OPERATION?			
	THE OTHER PERSON PAID?					
	-			OTHER		
	OP OR LIVESTOCK SHARE	CASH WAGES	ROOM & BOARD	(Specify))	
Form CCA	7156 (4 2005) (EE 4 2005)		(O_{1}, o_{2})			

5. 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 NOT HELD FOR SALE BEEN INCLUDED IN FIGURING YOUR IF "YES," ENTER THE AMOUNT OF SUC 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.) IF "YES," ENTER THE AMOUNT OF SUC S YES NO	H INCOME		
REMARKS:			

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 control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** To find the nearest office, call 1-800-772-1213. Send <u>only</u> comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PERSON MAKING STATEMENT				
Signature (First name, middle initial, last name) (Write in ink)	Date <i>(Month, day, year)</i>			
HERE F	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 County (if any) in which you now live

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State, & ZIP Code)	Address (Number and street, City, State, & ZIP Code)