



6. 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 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.)

YES  NO

IF "YES," ENTER THE AMOUNT OF SUCH INCOME

\$

REMARKS:

Multiple horizontal lines for entering remarks.

**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 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 *only* 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 (Month, day, year)

SIGN HERE ►

Telephone Number (include area code)

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)

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