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.

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

1. NAME OF SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER

2. THIS RELATES TO PERIOD (DATES)

FROM

TO

DID YOU LIVE ON THE FARM DURING THIS PERIOD?

☐ YES ☐ NO

IF "NO," HOW FAR FROM THE FARM DID YOU LIVE?

3. HOW LARGE WAS THE FARMING OPERATION DURING THIS PERIOD? *(Total acreage, acreage cultivated, crop allotments, usual size of herds, etc.)*

4. WHAT WAS YOUR STATUS WITH REGARD TO THIS FARMING OPERATION? *(Check appropriate box or boxes according to local terminology)*

☐ OWNER ☐ OWNER-OPERATOR ☐ PARTNER ☐ LANDLORD ☐ TENANT ☐ SHARECROPPER ☐ OTHER *(Specify)*

5. DID ANY OTHER PERSON WORK OR HELP WORK THE FARM? IF "YES." ANSWER (A). (B). (C).

☐ YES ☐ NO

(A) NAME OF THE OTHER PERSON(S) AND FAMILY RELATIONSHIP. IF ANY.

(B) WHAT DID THE OTHER PERSON DO IN CONNECTION WITH THE FARMING OPERATION?

(C) HOW WAS THE OTHER PERSON PAID?

☐ CROP OR LIVESTOCK SHARE ☐ CASH WAGES ☐ ROOM & BOARD ☐ OTHER *(Specify)*

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. WAS 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:

PAPERWORK REDUCTION ACT STATEMENT: The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

NOTICE: Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a $1,000 fine or 1 year of imprisonment, or both.

SIGNATURE OF PERSON MAKING STATEMENT

Signature *(First name, middle initial, last name) (Write in ink)* SIGN HERE ▶	Date *(Month, day, year)*
	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)*	Address *(Number and street, City, State, & ZIP Code)*