

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. 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 to determine if income from farm rentals should be included in your Social Security earnings record. We may also share your information for the following purposes, called routine uses:

- To employers or former employers, including State Social Security administrators, for correcting and reconstructing State employee earnings records and for Social Security purposes; and
- To Federal, State, or local agencies (or agents on their behalf) for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance programs or health maintenance programs (including programs under the Social Security Act).

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 (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; and 60-0089, entitled Claims Folders Systems, as published in the FR on October 31, 2019, at 84 FR 58422. 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.**

1. Name of Self-Employed Person	2. Social Security No.	3. 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.		

7. WORK - (Describe in detail the work performed by each party)

KIND OF WORK - (Include such activities as buying and selling as well as physical labor)	Date Work Began	Date Work Ended	Total Hours Worked

8. INSPECTIONS

(Indicate for each stage below what inspections were made by the person named in Item 1, how often, purpose and changes resulting. If there was no inspection during a particular stage, indicate, "None.")

9. ADVICE AND CONSULTATION

(Indicate for each stage below what was talked about, how often meetings were held, advice given, and action taken. If there was not advice and consultation during a particular stage, indicate "None.")

Crop and Livestock Planning	Crop and Livestock Planning
Ground Breaking and Planting	Ground Breaking and Planting
Growing Period	Growing Period
Harvesting and Marketing	Harvesting and Marketing
Any other not described above	Any other not described above

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

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.

Date	Name of Person Completing the Form