SOCIAL SECURITY ADMINISTRATION TOE 420 Form Approved OMB No. 0960-0061

## 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 <u>Federal Register</u>. 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 (DAT	F6)	DID YOU LIVE ON THE F	FΔRM I	F ''NO,'' HOW FAR FROM THE FARM DID YOU LIVE?
		L0/	DURING THIS PERIOD?		,
FRO	ROM TO				
			YES	NO	
				] ""	
_	LIONALI ADOS MAO TUS SADMINO ODSDATIONI DUDI	NO THIS DEDICES (T. )			
3.	HOW LARGE WAS THE FARMING OPERATION DURIN	NG THIS PERIOD! (Total	acreage, acreage cuitivat	tea, crop allot	ments, usual size of nerds, etc.)
4.	WHAT WAS YOUR STATUS WITH REGARD TO THIS	FARMING OPERATION	Check appropriate hov	or hoves acc	ording to local terminology
<u> </u>			- Толгоок арргорлаго вох		erang te lean terminelegy,
	OWNER-				OTHER
	OWNER OPERATOR PAR	RTNER LAND	DLORD TENANT	г 🗀 :	SHARECROPPER (Specify)
5.	DID ANY OTHER PERSON WORK OR HELP WORK TH	IE (A) NAME OF THE	OTHER PERSON(S) AND	FAMILY REL	ATIONSHIP, IF ANY.
	FARM? IF "YES." ANSWER (A). (B). (C).	'	, ,		
	YES NO				
(D)	WILLAT DID THE OTHER REPOON DO IN CONNECTION	WITH THE EARNAND OF	DED A TIONS		
(B)	) WHAT DID THE OTHER PERSON DO IN CONNECTION	WITH THE FARIVING OF	PERATION?		
16:	NOW WAS THE STUFF DESCRIPTION				
(C)	) HOW WAS THE OTHER PERSON PAID?			OTHER	
	CROP OR LIVESTOCK SHARE CA	ASH WAGES	ROOM & BOARD	OTHER (Specify)	

6. WAS ANY RENTAL INCOME (EITHER CASH OR CROP SHARE) INCLUDED  YES NO	IN FIGUR	ING YOUR NET EA	ARNINGS FROM	SELF-EMPLOYMENT FOR THIS PERIOD?
7. HAS ANY INCOME FROM THE SALE OF LIVESTOCK NOT HELD FOR SELECTION OF SELECTION OF SELECTION OF OT BREEDING ANIMALS HELD PRIMARILY FOR THE PRODUCTION OF OT	RS TO LIV	ESTOCK SUCH AS	S WORK, DAIRY,	
YES NO				Ÿ
REMARKS:				L
Paperwork Reduction Act Statement - This information amended by Section 2 of the Paperwork Reduction we display a valid Office of Management and Budge to read the instructions, gather the facts, and answe SOCIAL SECURITY OFFICE. To find the nearest estimate above to: SSA, 1338 Annex Building, Balting	Act of et cont er the c office,	f <u>1995</u> . Yord number. questions. State to the contract of th	ou do not n We estim SEND THE -772-1213.	eed to answer these questions unless ate that it will take about 10 minutes COMPLETED FORM TO YOUR LOCAL
I declare under penalty of perjury that I have examined a forms, and it is true and correct to the best of my knowle statement about a material fact in this information, or cause may face other penalties, or both.	edge. I	understand t	hat anyone v	who knowingly gives a false or misleading
SIGNATURE OF F	PERSO	N MAKING S	STATEMEN	Т
Signature (First name, middle initial, last name ) (Write	k)		Date (Month, day, year)	
SIGN HERE		Telephone Number (include area code)		
Mailing Address (Number and street, Apt. No., P.O. E	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 ha witnesses to the signing who know the person making				
1. Signature of Witness	2. Signature of Witness			
Address (Number and street, City, State, & ZIP Code	·)	Address (N	umber and	street, City, State, & ZIP Code)