

SUPPLEMENTAL STATEMENT REGARDING FARMING ACTIVITIES OF PERSON LIVING OUTSIDE THE U.S.A.

(This statement is to be completed by a beneficiary living on a farm or operating a farm outside the United States.) (See Page 6 for Privacy Act/Paperwork Act Notice.)

Name of Beneficiary	Social Security Claim Number
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1a. Give the date your farm residence or operation began outside the U.S.	1b. Give the date it ended	1c. How did it end? <i>(Sale, lease of land, etc.)</i>
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2a. Do you own the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," go on to question 3)</i>	2b. Give name of the owner and indicate his relationship to you
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2c. Explain the type of agreement or contract you have with the owner

2d. How are you paid? *(Check one)*

Daily
 Weekly
 Monthly
 Other *(Specify)* _____

3. What physical or management services do you perform in connection with the farm?

4a. What is the land area of the farm?	4b. How much of this land is used for			
	(1) Growing crops	(2) Grazing animals	(3) Orchards <i>(Olive, fig, or other food-bearing trees or vines.)</i>	(4) Other <i>(Explain)</i>

Answer Questions 5 through 12 if you own or operate the farm. Be sure to sign this statement.

5. Give below the types and quantity of livestock, poultry, crops, and produce RAISED on the farm in the present year and last year.

Present Year		Last Year	
a. Types of Livestock and Poultry	No. of Head	Types of Livestock and Poultry	No. of Head

Present Year			Last Year		
b. Types of crops	Land area used	Yield	Types of crops	Land area used	Yield

6. Give below the following information about the livestock, poultry, crops, and produce SOLD.

Present Year			Last Year		
Items	Quantity	Amount Received (local currency)	Items	Quantity	Amount Received (local currency)

7. Give below the following information about livestock, poultry, crops or produce which the family used or bartered.

Present Year			
Item	Amount Used on Farm	Amount Bartered	Amount and Kind of Goods and/or Services Received in Exchange for Bartered Goods
Last Year			

10. What animals do you have to work the farm? (If none, show none.)

11a. Give the name and relationship to you (if any) of each person working on the farm.

Name	Relationship	Describe Duties Performed

b. How are they paid? (Check appropriate box or boxes)

- Crop or Livestock Share
 Cash Wage
 Room and Board
 Other (*specify*)

12. List expenses (in local currency) for the present year and last year.

(Do not include material supplied by Government agencies.)

Year	Type of Expense	Cost	Type of Expense	Cost
1. Present 2. Last	Labor hired	1. _____ 2. _____	Electricity, gasoline and other fuel	1. _____ 2. _____
1. Present 2. Last	Feeds, seeds and fertilizer purchased	1. _____ 2. _____	Livestock and poultry purchased	1. _____ 2. _____
1. Present 2. Last	Veterinary fees	1. _____ 2. _____	Taxes and interest on farm notes	1. _____ 2. _____
1. Present 2. Last	Machine hire	1. _____ 2. _____	Other expenses (<i>Specify below</i>)	1. _____ 2. _____
1. Present 2. Last	Farm supplies and cost of repairs	1. _____ 2. _____		1. _____ 2. _____

REMARKS: *(This space may be used for any additional information you may wish to give)*

Knowing that anyone making a false statement or representation of a material fact in application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

SIGNATURE OF PERSON COMPLETING THIS STATEMENT
(First name, middle initial, last name) (Write in ink)

Date *(Month, day and year)*

SIGN HERE _____

Street Address

City, Country, Postal Code

If this statement has been signed by mark (x), or fingerprint, two witnesses who know the signer must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address of Witness *(Street number, city and country)*

Address of Witness *(Street number, city and country)*

Privacy Act Statement Collection and Use of Personal Information

Section 203 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 and may result in the loss of benefits.

We will use the information you provide to determine continuing eligibility for benefits and whether such benefits are subject to deductions. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under the routine use only in situations in which we may enter into a contractual or similar agreement with a third party to assist in accomplishing an SSA function relating to this system of records; and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for SSA, as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

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 Notice (SORN) 60-0090, entitled Master Beneficiary Record, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all 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 control number. We estimate that it will take about **60** minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send 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. Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.*