U.S. SSA Form ssa-ssa-7157

FARM ARRANGEMENT QUESTIONNAIRE

PRIVACY ACT: The questions on this form are authorized by section 211 (a)(1) of the Social Security Act, as amended (42U.S.C. 411 (a)(1)).While it is voluntary 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 given by you on this form will be used to determine if the income you received is covered for Social Security purpose and may affect your eligibility for Social Security benefits.

The information collected is needed to make that determination. The Information on this form may be disclosed by the Social Security Administration to another person or agency for the following purposes: (1) to assist the Social Security Administration in establishing the right of a beneficiary to Social Security benefits; (2) to facilitate statistical research and audit activities necessary to ensure the Integrity and Improvement of the Social Security programs; and (3) comply with laws requiring the exchange of information between the Social Security Administration and another agency.

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 conductor 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 30 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.

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 HRS. WORKED