

FSA-578 Manual (08-22-19)										U.S. Department of Agriculture Farm Service Agency										PAGE OF							
REPORT OF ACREAGE																											
<i>See Page 2 for Privacy Act and Paperwork Reduction Act Statements.</i>																											
1. FARM NO.				2. FARMLAND				3. CROPLAND				4. PROGRAM YR.				7. KEY		8. NAMES OF OTHER PRODUCERS				9. ID NUMBER		10. OTHER FARMS			
KEY		5. OPERATOR NAME AND ADDRESS										6. OTHER FARMS															
1																											
11. PHOTO NO. - LEGAL DESCRIPTION																											
12 TRACT NO.		13. FIELD NO.		14. CROP OR LAND USE				15. PRAC-TICE 1/		16. CROP STATUS 2/		17. CROP OR LAND USE SUMMARY (Maple trees, after number enter "T"; Honey, after number enter "H")										18. KEY		19. SHARE			
20. TOTAL OPERATOR REPORT																											
21. TOTAL DETERMINED ACREAGE																											
22. CERTIFICATION - I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farms as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.																		1/ I = Irrigated Nonirrigated O = Other (Honey or Maple Sap)				N =					
A. CERTIFIER'S SIGNATURE				B. DATE (MM-DD-YYYY)		A. CERTIFIER'S SIGNATURE (BY)				B. DATE (MM-DD-YYYY)		A. CERTIFIER'S SIGNATURE (BY)				B. DATE (MM-DD-YYYY)		2/ I = Initial P = Prevented F = Failed S = Subsequent Crop D = Double Crop R = Repeat V = Volunteer				E = Experimental IF = Initial Failed IP = Initial Prevented SF = Subsequent Failed DF = Double-cropped Failed DP = Double-cropped Prevented					

23. REMARKS/SKETCHES

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), the Agricultural Act of 2014 (7 U.S.C. 9018), 7 CFR Part 718 and 7 CFR Part 1437. The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B).

The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

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