AG YIELD SURVEY - JUNE 2025

OMB No.0535-0213 Approval Expires: 3/31/2027 Project Code: 128 Surveyld:3629 Version 48





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Please make corrections to name, address, and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. Your response will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: https://www.nass.usda.gov/confidentiality. Response is voluntary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0213. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Office	FIPS	POID	Tract	Subtr.
Use Only				

If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE and YIELD

Please report the acres for harvest and yield per acre you expect to harvest from the total acres you operate for the following crops. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. EXCLUDE information for land rented to others.

1.	WI		TOTAL CROP	
	a.	Harvested and to be harvested (grain and seed only)	Acres	541
	b.	Expected yield for grain and seed	Bu. per Acre	151
	c.	Has harvest been completed?	980	

CONTINUE ON BACK

SECTION 2: CONCLUSION

1. If you no longer operate this farm or ranch, please provide the name and address of the new operator.

Operation Name:										
Operator Name:										
Address:										
City:	State: Zip:	C	ounty:							
Phone: () Check if cell phone.										
2. Survey Results:										
Operator Email:		Operator Phon	ie:							
9929	Check to receive results by email	9918					Check if cell phone			
		()								
Operation Email: (if different from above)		Operation Ph	one: (if di	fferen	t from	ı abov	/e)			
9937	Check to receive results by email	9936					Check if cell phone			
		()								
Respondent Name:	Respondent P	hone: (if differer	nt from ab	ove)						
9912	9911	nerie. (ii dinerer	Check if cell phone		MM	DD	YY			
	()			Date:						
This completes the survey. The results wi	ll be available o ank you for your		te at: nas	s.usd	a.gov	/resul	ts.			
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Response Re		Respond	ent	ent Mode		Enum.	Eval.	Eval. Change Office U		lse for POID		
1-Comp 2-R 3-Inac 4-Office Hold 5-R - Est 6-Inac - Est 7-Off Hold - Est	9901 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	2-Sp 3-Acct/Bkpr 4-Partner	9902	2-PATI (Tel) 3-PAPI (Face-to- Face) 6-Email	9903	9998	9900 R. Unit	9985	9989 Optional Use			
			7-Fax 19-Other			9921		9907	9908	9906	9916	