

AFFIDAVIT FOR AGRICULTURAL CLASSIFICATION

Provided by the State Department of Revenue for

NATRONA COUNTY ASSESSOR

ASSESSMENT YEAR:

ACCOUNT #:

PARCEL #:

OWNER(S) NAME _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION OF PROPERTY (if lengthy, please attach) _____

WYOMING STATUTE PROVIDES THAT CONTIGUOUS OR NONCONTIGUOUS PARCELS OF LAND UNDER ONE (1) OPERATION OWNED OR LEASED SHALL QUALIFY FOR CLASSIFICATION AS AGRICULTURAL LAND IF THE LAND MEETS EACH OF THE FOLLOWING FOUR QUALIFICATIONS.

1. The land is presently being used and employed for an agricultural purpose. Initial the applicable classification.

_____ Cultivation of the soil for production of crops.

_____ Production of timber products or grasses for forage.

_____ Rearing, feeding, grazing or management of livestock.

2. _____ The land is not part of a platted subdivision. Pursuant to W.S. 39-13-103 (b)(x)(B)(II) individual subdivision parcels of thirty-five (35) acres or more "which otherwise qualifies as agricultural land" may be considered for agricultural classification.

3. Initial the applicable statement.

_____ The land is not leased land and the owner has derived annual gross revenues of not less than five hundred dollars (\$500) from the marketing of agricultural products from the subject land.

_____ The land is leased and the lessee has derived annual gross revenues of not less than one thousand dollars (\$1000) from the marketing of agricultural products. (Must provide name and mailing address of lessee.)

Lessee Name _____

(Please Print)

Mailing Address _____

4. _____ The land has been used consistent with the land's size, location and capability to produce as an agricultural operation as defined by Department of Revenue Rules and the Mapping & Agricultural Manual that is published by the Department of Revenue. (please initial)

If the land has not met the requirements of #3 and #4 above, I state that one of the following occurred (initial all that apply). Please attach an explanation of all that apply.

_____ The land has experienced an intervening cause of production failure beyond my control.

_____ I have caused a marketing delay for economic advantage.

_____ The land participates in a bona fide conservation program in which case proof by an affidavit showing qualifications in a previous year shall suffice. (Please attach)

_____ A crop has been planted that will not yield an income in the taxable year.

*****IMPORTANT*****

It is required by this office that supporting documentation, preferably a copy of the IRS Schedule "F", be attached to this form to help in determining agricultural classification. A change of land classification will not be completed without the supporting documentation.

I, _____, the owner of the land described above, do solemnly swear (or affirm) that land contained in the legal description noted above has met the requirements of 39-13-103(b)(x)(B) which are outlined in this form.

Signature(s)_____

Printed Name(s)_____

Date_____ Telephone #_____

State of Wyoming)
) SS
County of Natrona)

Subscribed and sworn before me this _____ day of _____, 20____ by

Notary Public

My Commission expires:_____

Pursuant to W.S. 39-1-103(b)(x)(C)... "When deemed necessary, the county assessor may require further supporting documentation."

Please return this affidavit and required attachments to the following address:

Natrona County Assessor
200 N. Center St. Suite 140
Casper, WY 82601
(307) 235-9444
(307) 235-9497 Fax

If this form and supporting documentation is not returned on or before January 1st of any given year or the form has not been completed satisfactorily, the classification of agricultural land may not be allowed for the current tax year.

Approved By: _____ Date: _____