

AFFIDAVIT FOR AGRICULTURAL LAND CLASSIFICATION

as defined by §39-13-103(b)(x)

Tax Year _____
 Owner Name _____
 Mailing Address _____
 Local / Tax ID No _____ Parcel No _____
 RealWare Acct No _____ Gross Acreage _____

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 ALL four (4) qualifications. Pursuant to §39-13-103(b)(x)(C), "...when deemed necessary, the county assessor may further require supporting documentation."

DIRECTIONS: Initial and check the appropriate statements, provide the necessary information, sign and notarize.

1. Initial the statements below if true.

- a) _____ The land is presently being used and employed for agricultural purposes.
- b) _____ I agree that the PRIMARY use of my land is to produce crops or graze livestock. I understand that "agricultural," by assessment law, means "the PRIMARY use of the land is to produce crops, harvest timber or graze livestock..."
- c) _____ I believe that the land has been and will be used consistent with the land's size, location, and capability to produce as an agricultural operation.
- d) _____ The land is not part of a platted subdivision. Pursuant to §39-13-103(b)(x)(B)(II) an individual subdivision parcel of thirty-five (35) acres or more "which otherwise qualifies as agricultural land" may be considered for agricultural classification.

2. Check ☒ all applicable uses AND provide estimates for the upcoming assessment year and amounts sold in previous assessment year.

- ☐ Estimated _____ # of total residential acres.
 (Acres not being used for agricultural purposes – example: land around residence. These acres will be valued at fair market value)
- ☐ Estimated _____ # of irrigated acres to be harvested (hay, native grasses) last year.
 Estimated _____ # of dry crop acres to be harvested (hay, native grasses) last year.
- ☒ I or MY LESSEE/CONTRACTOR (Circle who) sold _____ # of tons last year.
- ☐ Estimated _____ # of acres grazed by _____ # of head of _____ (type of livestock).
 I or MY LESSEE (Circle who) sold _____ # of head of _____ (type of livestock) last year.

3. Initial which statement, A or B, is true.

- A. _____ The land is NOT leased, and the owner has derived annual gross revenues of not less than five hundred dollars (\$500.00) from the marketing and sale of agricultural products by your agricultural operation. *If you initial A, you must declare any equipment used to run your agricultural operation on Form ATD25 and receipt of sale(s) of hay and/or livestock may be required.*
- B. _____ The land is leased, and the lessee has derived annual gross revenues of not less than one thousand dollars (\$1,000.00) from the marketing and sale of agricultural products by the lessee's agricultural operation.

Provide name, address, phone & # of acres leased for each of your lessees.

Lessee Name _____ # of acres leased _____
 Mailing Address _____ Phone _____

4. If you CANNOT provide the necessary information to prove that your land met all requirements in the previous year, and/or will not meet all requirements in the upcoming year, check the reason below and provide an explanation.

- ☐ 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 qualification in a previous year shall suffice.
- ☐ A crop has been planted that will not yield an income in the taxable year.

EXPLAIN WHY YOUR LAND HAS NOT MET REQUIREMENTS

Attach necessary documentation, proof for your explanation and, if needed, any continuation of your explanation.

[illegible]

Sign, Date and Notarize Here

I, _____, the owner(s) of the land described in this affidavit, do solemnly swear (or affirm) that land referenced by the account number(s) noted has met the requirements of Wyoming Statute 39-13-103(b)(x)(B). Dated this _____ day of _____, 20_____.

Signature	Cell	Phone
-----------	------	-------

Printed Name	Email
--------------	-------

State of _____)
) §
County of _____) Subscribed and sworn before me by _____
this _____ day of _____, 20____.

_____ Notary Public	_____ Commission expiration
------------------------	--------------------------------