

## **Application For Family Farm Tax Credit**

Iowa Code Chapter 425A

This application must be filed or mailed to your city or county assessor by November 1.An application filed or postmarked after November 1 will be considered as an application for the following year. Iowa assessors' addresses can be found at the **Iowa State Association of Assessors Web site**.

		Applicant Contact	Information			
	Name:					
		eMail				
Claire and						
Claimant:	ship: Sole Propr	ietorshin Autho	orized Farm Corpor	ration		
Tomi of Owner	Partnershi		ly Farm Limited Lia			
		· —	orized Limited Liabi			
Property	y Owners	Ownership Share		Relationship of Owners		
Designated Person actively engaged in farming:				(The designated person must be personally involved in the		
Relationship of designated person to owner of property:				production of crops or livestock on		
Relationship of C	designated person to	owner of property:		the eligible tracts on a re continuous and substanti	eguiar, ial basis.)	
ls the tract lease	ed or rented under a c	ash or crop share agreement?	Yes No			
If leased, what is	s the relationship of th	ne lessee to the owner of the tr	act?			
Parcel #	L	egal		Acres		
Parcel #	L	egal		Acres		
Parcel #	L	Legal		Acres		
Parcel #	L	egal		Acres		
Parcel #	L	Legal		Acres		
Parcel #	L	egal		Acres		
When filing a	valid claim, the claim	n will be allowed on that tract for	or successive year	s without additional filing,	as long	
		owned by that person or that p				
		o is actively engaged in farmin yer or transferee who wishes t				
		stribution made according to ch				
		red to file for the credit. In the				
	, ,	ming changes, the owner will i	refile for the credit.	The owner must provide	written	
	son actively engaged	in tarming changes. sessor of a change in the pers	on who is setively	anaggad in forming thatr	act for	
		sessor of a change in the pers is allowed will be liable for the				
		he amounts will be collected by				
property taxes a	long with any penalty	, and paid to the lowa Departn	nent of Revenue.			
	, to the best of my kno	owledge and belief, the information	ation provided on th	nis claim is true, correct ar	nd	
complete.						
Signed:	Claim	nont	Date			
		iant				
Ackilowieug	C			Date		
	TO	O BE FILLED IN BY BOARD (	OF SUPERVISORS			
	APPROVED					
L J	DENIED _	Chair		Date		
Assessed	Value:	School Levy:	Amou	ant of Credit:		