

Wyoming Department of Revenue
Albany County Assessor
525 Grand Ave Ste 206 Laramie, WY 82070
307-721-2511 or 307-721-2519 Fax
Affidavit for Agricultural Classification
Assessment Year _____

Property Owner:

Parcel #:
Legal Description:

Tax District:

We are doing our annual review which is a requirement for the State of Wyoming—even for previously established operators. Wyoming Statutes 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 five qualifications listed below. We are also asking for some additional information specific about your operation in order to help us make a determination about your land. W. S. 39-13-103(b)(x)(C) ...When deemed necessary, the County Assessor may further require supporting documentation. We will contact you if further information is required. Please fill out the form below-making sure to initial on the lines that pertain to this property. **Please return to us before _____, 20____!**

1. The land listed above is presently being used and employed for an agricultural purpose. (Initial the applicable classifications:)

____ Cultivation of the soil for production of crops (if CRP attach copy of contract)
of total Acres in Irrigation _____ # of total Acres of water right _____
of total Acres Dry Crop _____ # of total Acres under CRP _____ Date of CRP _____
Expires _____
____ Production of timber products or grasses for forage (Circle one)
of total Acres for Timber _____ # of total Acres in forage _____ Type _____
____ Rearing, feeding, grazing or management of Livestock
of total Acres being grazed _____ # of head _____ for # of Months _____ Type of Livestock _____

2. The land is not part of a platted subdivision. Except: lands qualifying under W.S. 18-5-318. _____ (Initial if applicable)

3. Initial the applicable statement below:

____ The land is **not** leased land and the **owner(s) has derived an annual gross revenue of not less than five hundred dollars (\$500.00)** from the marketing of agricultural products from the above listed land.

____ The land **is leased** (or cost shared) and the **lessee has derived an annual gross revenue of not less than one thousand dollars (\$1,000.00)** from the marketing of agricultural products {**must provide name, phone number, address, e-mail of lessee**}

Lessee Name: _____
Lessee Address: _____
Lessee Phone Number: _____
Lessee E-mail Address: _____

4. As an agricultural producer, I feel that my land is used consistent with its size, location and capability to produce. As evidence, I submit that the above listed land is producing/sustaining the following averages. (Initial if applicable) _____

____ Tons of _____ per Acre and _____ Tons of _____ per Acre
____ Bushels of _____ per Acre and _____ Bushels of _____ per Acre
____ Acres/AUM's on Grazing Land

5. If the land has not met requirements of 3 and 4 above, I state that one of the following has occurred (Initial one and attach proof and explain on back of this form)

____ The land has experienced an intervening cause of production failure beyond my control.
Please list the cause _____
____ I have caused a marketing delay for economic advantage. What is the cause? _____
____ The land participates in a bona fide conservation program in which case proof by an affidavit
Showing qualification in a previous year shall suffice. (Please attach)
____ A crop has been planted that will not yield an income in this taxable year. What Crop? _____

6. None of the above apply, if the land is not being used in an agricultural capacity, please initial here _____

Please have this document **signed and notarized** and return to the Albany County Assessor's Office by _____, 20_____.

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

Signature _____ Date _____

Telephone Number: _____ E-Mail Address _____

Print Name _____

State of Wyoming)
)SS
County of Albany)

Subscribed and sworn before me this _____ day of _____, 20_____.

By _____ Stamp
Notary Public—My Commission expires: _____