

BEGINNING FARMER TAX DEDUCTION CERTIFICATION APPLICATION

Chapter 143.121 RSMo

SMALL BUSINESS DEVELOPMENT AUTH	ORITY		Chapter 143.121 R5M0			
SECTION 1 BEGINNING FARMER	INFORMATION					
LEGAL NAME OF BEGINNING FARMER						
ADDRESS (STREET/P.O. BOX)		CITY	STATE ZIP CODE			
ADDITESS (STREET/F.O. BOX)			STATE ZIF CODE			
PHONE NUMBER	E-MAIL		SOCIAL SECURITY NUMBER			
COUNTY OF RESIDENCE		MISSOURI STATE SENATORIAL DISTRICT # MI	SSOURI STATE REPRESENTATIVE DISTRICT #			
INTENDED PRIMARY USE OF FARMLAND (FOR ST						
☐ Row Crops ☐ Beef Cattle ☐	☐ Dairy Cattle ☐ Swine ☐ Vi	ticulture (grapes) \square Poultry \square Fo	prestry			
\square Horticulture \square Other (please s	specify)					
Pursuant to the "Guidelines and	Procedures" document for the	"Beginning Farmer Tax Deduction	Program" issued by the			
Missouri Agricultural and Small I	Business Development Authori	ty, the Beginning Farmer (listed ab	ove) as indicated on this			
Application hereby certifies the f	ollowing:					
1. I have received and read the	Program Guidelines and Prog	cedures				
That of the order of the fold the	71 Togram Galdonnoo and 1 To	5544.55.				
I am a "Beginning Farmer" as defined below (must check a minimum of one of the qualifications below and attach the required information listed):						
\Box I have filed at least \circ	one, but not more than ten IRS	Schedule F (Form 1040) since tur	ning 18 years of age, and			
☐ A copy of the most recent filed Schedule F is attached; or						
\Box I am approved for a loan program, and		the USDA Farm Service Agency (FSA) direct or guaranteed			
☐ A copy of the approval letter/e-mail from USDA FSA is attached; or						
☐ This farming operation is new production agriculture to me. I have substantial farming knowledge; and I will be the principal operator of the farmland purchased or leased, and						
\Box A reference letter is attached which verifies my status as a new producer with substantial farming						
knowledge and affirming I will be the principal operator of the farmland purchased or leased. This						
letter must be dated and signed by someone familiar with you, such as a primary lender, previous						
tarm en	nployer, landlord, or agricultura	il service provider; or				
\square I am a "Qualified Family Member" of the Farm Owner and attest to this relationship with my signature below.						
Family Relationship to Farm Owner:						
By signing this application the Beginning Farmer agrees to follow the guidelines and procedures for the "Beginning Farmer Tax						
Deduction Program." The Begin	ning Farmer also agrees that a	Ill information included in this appli				
complete to the best of their kno	wledge.					
SIGNATURE OF BEGINNING FARMER			DATE			

SECTION 2 FARM OWNER INFOR	MATION					
LEGAL NAME OF FARM OWNER						
ADDRESS (STREET/P.O. BOX)		CITY	STATE	ZIP CODE		
PHONE NUMBER	E-MAIL		SOCIAL SEC	URITY NUMBER		
COUNTY OF FARMLAND		MISSOURI STATE SENATORIAL DISTRICT # OF FARMLAND				
ACRES OF FARMLAND SOLD/LEASED		MISSOURI STATE REPRESENTATIVE DISTRICT # OF F	ARMLAND			
THIS TRANSACTION IS A						
SALE CROP SHARE AF	RRANGEMENT CASH RE	NT/LEASE ☐ LEASE TO OWN	ARRANG	EMENT		
		"Beginning Farmer Tax Deduction				
	-	hority, the Farm Owner (listed above	ve) as ind	icated on this		
Application hereby certifies the f	ollowing.					
1. I have received and read the	Program Guidelines and Proc	edures.				
2. I am a "Farm Owner" (must o	check a minimum of one)					
\square Who has sold the ab	ove farmland to the Beginning	Farmer listed on page one of this	applicatio	on,		
☐ A copy of t	the signed, dated contract for s	ale is attached.				
_			seller is a	attached		
☐ A copy of the final settlement statement clearly documenting the buyer and seller is attached.						
☐ A copy of the legal description is attached, or						
☐ Who has engaged in a rental/lease or crop share arrangement not exceeding 10 years with the Beginning Farr						
listed on page one of this application, and \Box A copy of the lease or crop share arrangement is attached which is signed by both the Beginning						
		ement is attached which is signed ating the start date, end date, and				
r armer	and the raim owner eleany ex	aming the start date, one date, and	1011110 01	arrangement, e r		
□ L	orth B.A. and a Wastilla Branchastan	En contra de la contra del la contra de la contra del la contra del la contra de la contra del la co				
\square I am a "Qualified Family Member" of the Beginning Farmer and attest to this relationship with my signature below.						
Family	Relationship to Beginning Far	mer:				
By signing this application the Fa	arm Owner agrees to follow the	guidelines and procedures for the	e "Beginni	ng Farmer Tax		
Deduction Program." If engagin	g in a rental/lease or crop-sh	nare arrangement not exceeding	10 years	s, I acknowledge		
		newed annually to confirm the re	ental/leas	e/crop-share		
arrangement is still in effect a						
	at all information included in thi	s application is true, correct, and c	complete	to the best of their		
knowledge.						
SIGNATURE OF FARM OWNER			DATE			

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SECTION 3 CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS				
By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the representative of the applicant and as such am authorized to make the following affirmation:	applicant or an authorized			
I am a United States Citizen or have been granted lawful permanent residence* of the United Sta required by state law to provide proof of my citizenship, residency, and identity in order to apply for				
SIGNATURE OF BEGINNING FARMER	DATE			
SIGNATURE OF FARM OWNER	DATE			
*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, of applying for any state administered benefits. Both the Beginning Farmer and the Farm Own their valid Missouri driver's license with this application. If you do not have or cannot provide 573-751-2129 for other acceptable forms of identification.	er must provide a copy of			
SECTION 4 CHECKLIST PRIOR TO APPLICATION SUBMISSION NOTES: The legal names of the Beginning Farmer and the Farm Owner provided on this a names listed on all required attachments (FSA documents, real estate settlement statement)	• •			
\square All items in Section 1 and Section 2 are completed, including signatures of Beginning Farmer a	and Farm Owner			
\square All required attachments are included with this application				
□ Beginning Farmer required documentation				
☐ Copy of Beginning Farmer driver's license				
☐ Farm Owner required documentation				
☐ Copy of Farm Owner driver's license				
\square \$300 non-refundable application fee - for the purchase of farmland, or \square \$200 non-refundable application fee - for rental/lease or crop share arrangement				
Checks can be made payable to MASBDA.				
Please review this application carefully before submitting to MASBDA. Applications will be processed as they are received, and incomplete applications will delay the certification process. If you have questions regarding the certification application or any required attachments, please do not hesitate to call MASBDA at 573-751-2129.				

RETURN TO:

MASBDA P.O. BOX 630 1616 MISSOURI BLVD JEFFERSON CITY, MO 65102-0630 TELEPHONE: (573) 751-2129 masbda@mda.mo.gov

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