

BEGINNING FARMER TAX DEDUCTION CERTIFICATION APPLICATION

Chapter 143.121 RSMo

LEGAL NAME OF BEGINNING FARMER					
ADDRESS (STREET/P.O. BOX)		CITY	STATE	ZIP CODE	
PHONE NUMBER	E-MAIL		SOCIAL SE	CURITY NUMBER	
COUNTY OF RESIDENCE		MISSOURI STATE SENATORIAL DISTRICT #	MISSOURI STA	MISSOURI STATE REPRESENTATIVE DISTRIC	
INTENDED PRIMARY USE OF FARMLAND (FOR ☐ Row Crops ☐ Beef Cattle ☐ Horticulture ☐ Other (pleas	☐ Dairy Cattle ☐ S	Y) Swine Uticulture (grapes) Poultry	Forestry	Fruit/Nut Trees	
	II Business Developi	ment for the "Beginning Farmer Tax Ded ment Authority, the Beginning Farmer (lis			
	r" as defined below (ines and Procedures. (must check a minimum of one of the qua	alifications beld	ow and attach the	
required information listed	•	than ten IRS Schedule F (Form 1040) sir	nce turning 18	vears of age, and	
_		ed Schedule F is attached; or	noc tarriing ro	yours or ago, and	
	a beginning farmer	loan through the USDA Farm Service Ag	ency (FSA) dir	ect or guaranteed	
☐ A copy o	of the approval letter/	e-mail from USDA FSA is attached; or			
principal opera decisions of the	tor of the farmland p	on agriculture to me. I have substantial urchased or leased; I am responsible for leasing the farmland to another person ocisions.; and	the day to day	management	
know respo farml	ledge and affirming lonsible for the day to and to another perso	d which verifies my status as a new produ I will be the principal operator of the farm day management decisions of the farmle on or entity. This letter must be dated an ender, previous farm employer, landlord, o	nland purchase and, and will n d signed by so	ed or leased, will be ot be leasing the meone familiar with	
☐ I am a "Qualified I	- amily Member" of th	ne Farm Owner and attest to this relation	ship with my s	ignature below.	

		of the United States and separated	d from suc	ch service under	
If answering Question #1 in benefits and services?	the affirmative, would you like	to receive information and assista	nce regar	ding veteran's	
Commission in order to pro	vide you with information regard	cy share your contact information we ding available veterans benefits ar ommission's website at: www.vete	nd service	s? General	
	Beginning Farmer agrees to follo Beginning Farmer also agrees t	ow the guidelines and procedures that all information included in this			
SIGNATURE OF BEGINNING FARMER		DATE			
SECTION 3 FARM OWNER INFO	RMATION				
ADDRESS (STREET/P.O. BOX)		CITY	STATE	ZIP CODE	
PHONE NUMBER	E-MAIL		SOCIAL SEC	L URITY NUMBER	
COUNTY OF FARMLAND		MISSOURI STATE SENATORIAL DISTRICT # OF FARMLAND			
ACRES OF FARMLAND SOLD/LEASED		MISSOURI STATE REPRESENTATIVE DISTRICT # OF FARMLAND			
THIS TRANSACTION IS A SALE CROP SHARE A	RRANGEMENT CASH RE	ENT/LEASE ☐ LEASE TO OWN	I ARRANG	EMENT	
	nall Business Development Aut	"Beginning Farmer Tax Deduction thority, the Farm Owner (listed abo	_	-	
	he Program Guidelines and Pro	ocedures.			
2. I am a "Farm Owner" (mus	et check a minimum of one)				
\square Who has sold the a	bove farmland to the Beginning	Farmer listed on page one of this	application	on,	
☐ A copy of	the signed, dated contract for s	sale is attached.			
\square A copy of the final settlement statement clearly documenting the buyer and seller is attached.					
☐ A copy of	the legal description is attached	d, or			
	n a rental/lease or crop share a ne of this application, and	arrangement not exceeding 10 yea	rs with the	Beginning Farmer	
		ement is attached which is signed le start date, end date, and terms o			
☐ I am a "Qualified Fa	amily Member" of the Beginning	Farmer and attest to this relations	ship with n	ny signature below.	
Famil	y Relationship to Beginning Fa	rmer:			

SECTION 4 SERVICES AVAILABLE TO VETERANS - OPTIONAL - FARM OWNER 1. Have you ever served on active duty in the Armed Forces of the United States and separated conditions other than dishonorable? Yes No	from such service under				
2. If answering Question #1 in the affirmative, would you like to receive information and assistan benefits and services? ☐ Yes ☐ No	ce regarding veteran's				
3. If answering Question #2 in the affirmative, may the agency share your contact information will Commission in order to provide you with information regarding available veterans benefits and information may also be found on the Missouri Veterans Commission's website at: www.veterall Yes \text{No}	d services? General				
By signing this application the Farm Owner agrees to follow the guidelines and procedures for the Deduction Program." If engaging in a rental/lease or crop-share arrangement not exceeding the initial certification is valid for one year and must be renewed annually to confirm the rearrangement is still in effect and eligible for the tax deduction.	10 years, I acknowledge				
The Farm Owner also agrees that all information included in this application is true, correct, and c knowledge.	omplete to the best of their				
SIGNATURE OF FARM OWNER	DATE				
SECTION 5 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 States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.					
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, a of applying for any state administered benefits. Both the Beginning Farmer and the Farm Owner 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 6 CHECKLIST PRIOR TO APPLICATION SUBMISSION					
NOTES: The legal names of the Beginning Farmer and the Farm Owner provided on this applicatisted on all required attachments (FSA documents, real estate settlement statement, lease, etc.					
☐ All items in Section 1 and Section 2 are completed, including signatures of Beginning Farmer and Fa	arm Owner				
☐ All required attachments are included with this application					
	ginning Farmer driver's license m Owner driver's license				
\$300 non-refundable application fee - for the purchase of farmland, or \$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 proreceived, and incomplete applications will delay the certification process. If you have questions application or any required attachments, please do not hesitate to call MASBDA at 573-751-2129	regarding the certification				
RETURN TO: MASBDA P.O. BOX 630 1616 MISSOURI BLVD JEFFERSON CITY, MO 65102-0630 TELEPHONE: (573) 751-2129 masbda@mda.mo.gov					