

# Application for Special Agricultural Homestead Property Leased to a Qualified Entity

\_\_\_\_\_ County for Taxes Payable In 2005

Homestead on Non-Contiguous Farmland - Minnesota Statutes 273.124, Subdivision 14, Paragraph (g)

Some of the information contained on this application is private data. Minnesota Statutes 273.124, subdivision 13 authorizes the collection of Social Security Numbers for use on homestead applications. Other information collected on this form is necessary to verify eligibility for the Agricultural Special Homestead provision. Some or all of the information contained on this form may be shared with the County Assessor, the County Attorney, the Commissioner of Revenue, and other federal, state, or local taxing authorities for the purpose of verifying your eligibility for this program or your other tax obligations. You can refuse to provide the information on this form. However, such refusal will cause you to be disqualified from this program.

- This form is to be used to apply for homestead on agricultural property that is leased to a "qualified entity" which is a family farm corporation, joint family farm venture, family farm limited liability company, or a partnership operating a family farm and farmed by a member, shareholder or partner of that entity.
- The person actively farming the property must fill out and sign section **A** pertaining to Crop Year 2004.
- The owner of the property must fill out and sign section **B** pertaining to Crop Year 2004.
- An authorized representative of the entity that is leasing the property must fill out and sign section **C**.
- This form must be completed, signed and filed by December 15, 2004, with each county in which a Special Agricultural Homestead classification is requested. You must apply **every** year for this classification.

<b>A</b>	Farmer of the Property
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Last Name of Farmer	First Name of Farmer	M.I.	Social Security Number
Mailing Address - Street		Mailing Address - City/Town	
		State	Zip Code
County of Residence	City/Town of Residence	Daytime Phone (    )	Evening Phone (    )

Please answer the following questions and attach the requested forms.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| 1. I am a member, shareholder or partner of the entity listed in section C.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am actively farming the agricultural property listed in section B.                                      |                          |                          |
| a. I participate in the day-to-day labor and decision making on the farm.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I contribute administration and management to the farming operation.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I assume all or a portion of the financial risks and participate in any profits or losses.                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am a Minnesota resident.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I live within four townships or cities from the agricultural property listed in section B.                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Neither my spouse nor I claim another agricultural homestead in Minnesota.                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I filed a Schedule F (or its equivalent) with my federal income tax return for the most recent tax year.* | <input type="checkbox"/> | <input type="checkbox"/> |

➔ **Please attach a copy of your Schedule F or an equivalent form to this application\*\*** ←

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 7. The Farm Service Agency (FSA) lists me as an operator. | <input type="checkbox"/> | <input type="checkbox"/> |
| My FSA number is _____ in _____ County.                   |                          |                          |
| My FSA number is _____ in _____ County.                   |                          |                          |

➔ **Please attach a copy of your 156 EZ form from the FSA to this application** ←

Signature
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By signing below, I certify that the above information is correct.

Signature of Farmer	Date
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MAKING FALSE STATEMENTS ON THIS APPLICATION IS AGAINST THE LAW

Anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. (Minnesota Statutes 609.41) The property owner may be required to pay all tax that is due on the property based on its correct property class, plus a penalty equal to the same amount. (Minnesota Statutes 273.124, subdivision 13)

\* If you did not file a Schedule F, then Form 1065 for partnerships, Form 1120 for corporations or Form 1120S for S corporations can be substituted.  
\*\*An affidavit from your tax preparer or attorney verifying that you have filed a form can be substituted for the form.

Revised 8/04

**B****Owner of the Property**

Last Name of Owner		First Name of Owner		M.I.	Social Security Number		
Mailing Address - Street			Mailing Address - City/Town			State	Zip Code
County of Residence		City/Town of Residence		Daytime Phone (    )		Evening Phone (    )	

Please enter the following information for agricultural property that you own and lease to the entity listed in section C and for which a Special Agricultural Homestead is requested.

Parcel Identification Number <i>(located on tax statement)</i>	Number of Acres	List all uses of land	County Located	Enrolled in CRP, CREP or RIM*? <i>(indicate which one)</i>

List any additional parcels on a separate piece of paper and attach it to this application.

**IF THE PROPERTY IS SOLD**

If this property is sold, state law requires the County Assessor to be notified within 30 days. If you fail to notify the County Assessor within 30 days, the property can be assessed the tax that is due on the property based on its correct property class plus a penalty equal to the same amount.

By signing below, I am certifying that:

- the legal title to the land listed above is in my name;
- I am a member, shareholder or partner in the entity listed below; and
- the information listed above is correct.

Signature of Owner	Date
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**C****The Entity Leasing the Property**

Name of Entity		Name of Authorized Representative		Daytime Phone (    )		
Mailing Address - Street			Mailing Address - City/Town		State	Zip Code
<i>Circle One</i>						
family farm corporation		joint family farm venture		family farm limited liability company		partnership operating a family farm

By signing below, I am certifying that I am an authorized representative of the entity listed above and that the entity leases the land listed in section B.

Signature of Authorized Representative	Date
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