

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 In PLEASE PRINT	nformation			
	Name:	PLEASE PRIIV				
	Phone Number:	eMail:				
Claimant:						
Form of Owner	rship: Sole Prop		rized Farm Corpo			
	☐ Partnersh		y Farm Limited Li rized Limited Liab			
Duanan			nzed Limited Liat			
Propen	ty Owners	Ownership Share		Relationship of Owne		
Designated Day	an nativaly angeres	lin forming.		(The designated personal in the designated perso		
Designated Person actively engaged in farming:				production of crops or livestock on		
Relationship of	designated person to	owner of property:		the eligible tracts on continuous and subst	a regular,	
Is the tract lease	ed or rented under a	cash or crop share agreement?	☐ Yes ☐ No		anna oasis.)	
		the lessee to the owner of the tra				
Parcel #	·	_egal		Acres		
Parcel #		_egal		Acres		
Parcel #		Legal				
Parcel #		_egal		Acres		
Parcel #		Legal				
Parcel #		_egal		Acres		
		m will be allowed on that tract fo				
as the property	is legally or equitably	owned by that person or that person or that person or that person or that person is actively engaged in farming	erson's spouse o	n July 1 of each of thos	se successive	
		lyer or transferee who wishes to				
		stribution made according to cha				
		ired to file for the credit. In the c				
		rming changes, the owner will re I in farming changes.	efile for the credit	. The owner must provi	de written	
		ssessor of a change in the perso	on who is actively	engaged in farming the	e tract for	
		3 is allowed will be liable for the				
		The amounts will be collected by		urer in the same manne	er as other	
		y, and paid to the Iowa Departm				
I declare that complete.	t, to the best of my kr	nowledge and belief, the information	tion provided on t	his claim is true, correc	t and	
Signed	Clai	mant	Date			
				I	Date	
		O BE FILLED IN BY BOARD O	F SUPERVISOR	S		
[]	APPROVED DENIED					
L J	DEMIED .	Chair			ate	
Assessed	d Value:	School Levy:	Amo	unt of Credit:		