

# UINTA COUNTY ASSESSOR

Ashlee Richins Assessor  
225 9<sup>th</sup> St  
Evanston, WY 82930  
Phone 307-783-0338 Fax (307) 783-0336

## FOR OFFICE USE ONLY

ASSESSMENT YEAR \_\_\_\_\_

AFFIDAVIT FOR AGRICULTURAL CLASSIFICATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

ACCT: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

Date Received: \_\_\_\_\_

Tax District \_\_\_\_\_ Total Acres: \_\_\_\_\_

Receipts: Yes \_\_\_ No \_\_\_ Lease: Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Date Denied: \_\_\_\_\_

**FAILURE TO RETURN THIS AFFIDAVIT COULD RESULT IN THE REMOVAL OF YOUR AGRICULTURAL CLASSIFICATION OF THE PARCEL(S) IN QUESTION.**

I am (circle which applies): A: Owner B: Lessee C: Agent

Wyoming statute 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 the four (4) following qualifications: (Initial all that apply in the following)

1. The land is presently being used and employed for an agricultural purpose.

\_\_\_ Cultivation of the soil for production of crops

Are there irrigated acres? (circle one) YES or NO If so, how many \_\_\_\_\_ acres

Type of crop produced \_\_\_\_\_ Amount of crop produced (in tons) \_\_\_\_\_

\_\_\_ Production of timber products or grasses for forage

\_\_\_ Rearing, feeding, grazing or management of livestock

Type of livestock utilizing parcel \_\_\_\_\_ Amount of livestock \_\_\_\_\_

(Horses are hobby unless used in a breeding operation)

Does the parcel(s) sustain livestock year round? (circle one) YES or NO

If not, please explain. \_\_\_\_\_

AUM (Animal Unit Month) capacity of this parcel (if known)? \_\_\_\_\_

2. \_\_\_ The land is not part of a platted subdivision. Except any lot, unit, tract, or parcel not less than thirty-five (35) acres in size used for agricultural purposes within a platted subdivision and otherwise qualifying as agricultural land for purposes of W.S. 39-13-103 (b)(x), the parcel shall be deemed not to be part of a platted subdivision for purposes of W.S. 39-13-103(b)(x)(B)(II).

3. Initial the applicable statements:

\_\_\_ The land is not leased/rented and the owner has derived annual gross revenues of not less than five hundred dollars (\$500.00) from the marketing of agricultural products from the subject land.

\_\_\_ The land is leased/rented and the lessee has derived annual gross revenues of not less than one thousand dollars (\$1,000.00) from the marketing of agricultural products.

(Please provide the name, address, phone# of the lessee and a copy of the lease)

Lessee Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

4. \_\_\_ The land has been used consistent with the land's size, location and capability to produce as an agricultural operation as defined by the Department of Revenue Rules and the Mapping & Agricultural Manual published by the Department of Revenue.

If the land has not met the requirements of 3 and 4, I state that at least one of the following occurred (Initial one)

- The land has experienced an intervening cause of production failure beyond my control.
- I have caused a marketing delay for economic advantage.
- The land participates in a bona fide conservation program in which case proof by an affidavit showing qualifications in a previous year shall suffice. (Please provide the agricultural affidavit you are referring too)
- A crop has been planted that will not yield an income in the taxable year.

**PROOF OF INCOME IS REQUIRED** from the sale of an agricultural product.

- Tax form 1040F profit or loss of farming or
- Sales receipts for the entire year.

If you have any questions please call (307)-783-0334  
Complete the form, attach proof of income and return to the Assessor's office  
as soon as possible!

Please describe your agricultural operation:

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I, \_\_\_\_\_ the owner and /or lessee of the land described above do solemnly swear (or affirm) that land noted above has met the requirements of 39-13-103(b) (x) (B).

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

\*\*\*Notary may be required\*\*

State of \_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

County of \_\_\_\_\_ By \_\_\_\_\_  
Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

*Pursuant to WS39-13-1 03(b)(x)(C)... when deemed necessary, the County Assessor may further require supporting documentation.*

**Please return to:**

Ashlee Richins  
Uinta County Assessor  
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Evanston, WY  
82930