

Tax Year

Pin

APPLICATION FOR AGRICULTURAL REAL PROPERTY TO BE VALUED BASED ON USE

Colleton County Assessor's Office

DO NOT FAX

Mail Original Application to:
PO Box 1166 * Walterboro SC 29488

31 Klein St Room 309 Phone (843) 549-1213

Name Mailing Address of Property Owner	
First Name	Last Name
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	SC <input type="text"/>

Physical Location
<input type="text"/>

Application must be filed with the Assessor before the first penalty date for the payment of taxes due (by January 15th)

Please see information on applying for Special Assessment as Agricultural

Note: You must file a separate application for each qualifying parcel of land.

1. NUMBER OF ACRES for which tract is used.

Crop Land _____ acres	AND	Type of Crops _____
Timberland _____ acres		Date last/to be harvested _____
Pasture _____ acres	AND	Types of animals raised _____
Homesite* _____ acres		**To include all cleared area used for yard
Dock _____ acres		**To include all cleared areas
Wetlands _____ acres		

DORMANT LAND, except that which is part of a crop rotation system, DOES NOT QUALIFY for agricultural special assessment.

2. Please list all buildings, docks or mobile homes on the property: _____
NOTE: If the owner's legal residence is on this parcel, you must file a separate application for the 4% legal residence special assessment.

3. Is any part of the entire tract used for profit other than agricultural profit? ()Yes ()No
If yes, explain: _____

4. If this is a timber tract and size is less than 5 acres, do you own any other timberland tracts which are contiguous to (adjoining) ()Yes ()No If yes, list parcel numbers: _____
and are under the same management system as this tract? Timber system must be documented.

5. Do you own any other crop or pasture tracts which qualify as agricultural real property? Yes No

6. Are there any mobile homes used to provide free housing for farm personnel? Yes No

7. Are there any buildings or mobile homes used only for farming office facilities? Yes No

8. If the owner is a corporation, does the corporation?

Have more than ten shareholders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have as a Shareholder a person (other than an estate) who is not an individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a Non-Resident Alien as a Shareholder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have more than one class of Stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Questions 9-11 concern only those applying on the basis of farm income - PROOF OF INCOME IS REQUIRED

9. Did you have gross farm income of \$1,000 or more per parcel? Yes No

10. Did you file a farm income tax return? Yes No

11. ATTACH copies of all relevant Agricultural Stabilization and Conservation Service Farm Identification Numbers.

12. PLEASE ATTACH A COPY OF SCHEDULE F OR PERTINENT TAX INFORMATION

13. Has this property been owned by current owner or an "immediate family" member of current owner for at least ten years ending January 1, 1994? ___ Yes ___ No If yes, list relationship _____

If applying for Agricultural Use: It is unlawful fo a person to knowingly and willfully make a false statement on the application required pursuant to Section 12-43-220(d)(3) to a county assessor for the classification of property as agricultural real property or for the special assessment ratio for certain agricultural real property. A person violating the provisions of the section is guilty of misdemeanor and upon conviction must be fined not more than \$200. In making this application, I certify the property which is the subject of this applicaton meets the requirements to qualify as agricultural real property as of January first of the current tax year. I also authorize the assessor to verify farm income with the SC Department of Revenue, the Internal Revenue Service or the Agricultural Stabilization and Conservation Service.

I have read and I understand the requirements on the Instruction Sheet of this Form.

<input type="text"/>	_____	_____	_____
REQUIRED - OWNER'S SIGNATURE	Social Security Number	Date	Phone
_____	_____	_____	_____
REQUIRED - OWNER'S SIGNATURE	Social Security Number	Date	Phone

If agent signed for owner, give relationship and mailing address: _____

Office Use Only

Tax Year: _____	Date: _____	Approved ()Yes ()No	By: _____
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