



BEGINNING FARMER TAX CREDIT RECERTIFICATION

APPENDIX B

This application should be completed by a Beginning Farmer who has previously been approved by the Department and is currently within the three (3) year certification period.

BEGINNING FARMER INFORMATION

1. NAME:	
2. ADDRESS:	
3. PHONE NUMBER:	4. EMAIL ADDRESS:
5. DATE OF ORIGINAL CERTIFICATION:	

ELIGIBILITY REQUIREMENTS

- Yes No Are you still engaged in agricultural production within the borders of this commonwealth?
- Yes No Do you still provide a majority of the labor and management involved in the agricultural production?
- Yes No Have you received federal gross income from agricultural production for more than the 10 most recent taxable years?
- Yes No If you are leasing an agricultural asset, is the original agreement still in place under the same terms and conditions?

ACKNOWLEDGEMENT

Under penalty of perjury, I declare that the information contained in this certification application and accompanying documentation is, to the best of my knowledge, true, correct, and complete as of the date hereof.

Signature

Printed Name

Date