

State of South Carolina Department of Agriculture



MILK PRODUCER TAX CREDIT CERTIFICATION FORM

1200 Senate Street
PO Box 11280
Columbia, SC 29211

TL: 803-734-2210
FX: 803-734-2192

NAME OF APPLICANT:

(First) (Middle Initial) (Last)

DAIRY FARM REPRESENTED: _____

ADDRESS OF DAIRY FARM OR INDIVIDUAL: Street _____

City _____ State _____ ZIP _____

TEL (____) _____

Number of pounds of milk produced and sold by applicant in 20____: _____ pounds

I intend to use this tax credit for a: Personal Income tax return Corporate Income tax return

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that the information furnished above by me is true and correct under penalty of perjury. I understand failure to properly report annual milk production and sales could result in an audit by the South Carolina Department of Revenue among other ramifications. I will comply with the South Carolina Department of Agriculture's Rules and Regulations regarding the administration of the Milk Producer Tax Credit program.

Sworn to before me this _____
day of _____, 20 ____.

(Signature of Applicant)

Notary Public for the State of _____
My expiration date is _____.

(Signature of Witness)