

Massachusetts Department of Agricultural Resources
Dairy Farmer Tax Credit Program 2009 Disclosure & Authorization Statement

Instructions: Please complete the requested information below. This document is to allow the Department of Agricultural Resources to verify milk production for 2009. Please make sure you complete this form accurately and in full. If there are questions regarding this document or how to complete it, please contact our office.

Legal Structure (please note that if your dairy farm is part of a partnership or S-corporation you will need to fill out a Share Disclosure Form):

Sole Proprietor C-Corporation S-Corporation Partnership Other Legal Entity

Name:

Mailing Address:

Phone:

Email:

Certificate of Registration Number Issued by Dept. of Agricultural Resources (Pursuant to MGL c.94 §16A):

Social Security Number or Individual Taxpayer ID Number:

Name(s) of cooperative or dealer who markets or purchases milk:

I hereby disclose the following:

I held a Certificate of Registration pursuant to M.G.L. Chapter 94 § 16A at some time during 2009. Furthermore, I hereby authorize the United States Department of Agriculture's Farm Service Agency, the Federal Milk Market Administrator, my milk cooperative, or milk dealer who markets or purchases my milk to release all records and other information relating to my milk production during the year 2009 to the Department of Agricultural Resources. I further authorize the Department of Agricultural Resources to examine all records necessary to verify the information set forth in this disclosure statement. By this disclosure and authorization statement I claim to be eligible to participate in this Program created pursuant to M.G.L. c.62, §6(o) (1)-(4), and M.G.L. c.63, §38Z.

I certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this form. I also certify that I am the authorized individual eligible to file this statement and form. By signing this Disclosure and Authorization Statement Form, I agree to all terms and conditions contained within.

Signature: _____ Date: _____

Print Name: _____

If the Disclosure and Authorization Statement Form is made on behalf of an individual, corporation, partnership, association or other legal entity, I certify that I am an officer, partner, agent or other legally authorized representative of the applicant with the authority to take such action. In such case, please provide the following information:

Name of Individual, Corporation, Partnership, Association or other Legal Entity

Title of Signer:

Mail completed statement to:

Laura J. Maul
Massachusetts Department of Agricultural Resources
Attn: Massachusetts Dairy Farmer Tax Credit Program
251 Causeway Street, Suite 500
Boston, MA 02114
617-626-1739

Faxed or e-mailed statements will **NOT** be accepted.