



South Carolina
DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

MILK PRODUCER TAX CREDIT CERTIFICATION FORM

Name of Applicant _____

Dairy Farm Represented _____

Address of Dairy Farm or Individual _____

City _____ State _____ ZIP _____

Phone _____

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 _____

Signature of Applicant

day of _____, 20 _____

Notary Public for the State of _____

Signature of Witness

My expiration date is _____