

Lincoln County

APPLICATION FOR AGRICULTURAL USE ASSESSMENT
THIS PROPERTY MAY BE SUBJECT TO LIENS FOR UNDETERMINED AMOUNTS
(PLEASE READ CAREFULLY THE ATTACHED INFORMATION AND INSTRUCTION SHEET)

Note: If necessary, attach extra pages.
subject to Nevada Revised Statutes, Chapter 361.A (1) (We),

Beacon Group PANACA, NEVADA

We print or type the name of each owner of record or his representative
We make application to be granted, on the below described agricultural land, an assessment based upon the agricultural use of this land.

We understand that if this application is approved, it will be recorded and become a public record.
The agricultural land consists of _____ acres, is located in _____ County, Nevada and is described as 10-120000, 12-120000
(Assessor's Parcel Number(s))

1 description _____

(We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$0 or more. Yes No . If yes, attach proof of income.

(We) have owned the land since _____

(We) have used it for agricultural purposes since _____. The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.) _____

the property previously assessed as agricultural _____. If so, when _____

(We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) knowledge. (I) (We) understand that if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is the responsibility to notify the assessor in writing within 30 days. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing, in what capacity and under what authority.) Please print name under each signature.

Frank W. Jenkins 09-29-91
Signature of Applicant or Agent Date

Panaca, Nevada 89042 725-6203
Address Phone Number

Signature of Applicant or Agent Date

Address Phone Number

Signature of Applicant or Agent Date

Address Phone Number

Schedule F 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Farm Income and Expenses

► Attach to Form 1040, Form 1041, or Form 1065.

OMB No. 1545-0047

1990

14

Name of proprietor
FRANK SIMKINS

Social security number (SSN)
[REDACTED]

A Principal Product. (Describe in one or two words your principal crop or activity for the current tax year.)
CATTLE

B Agricultural activity code.
(from page 3) ► **212**

C Accounting method:
 Cash Accrual

D Employer ID number (Not ESN)

E Did you make an election in a prior year to include Commodity Credit Corporation loan proceeds as income in that year? Yes No

F Did you 'materially participate' in the operation of this business during 1990? (If 'No,' see instructions for limitations on losses.) Yes No

G Do you elect, or did you previously elect, to currently deduct certain preproductive period expenses? Does not apply Yes No

Part I Farm Income -- Cash Method -- Complete Parts I and II (Accrual method taxpayers complete Parts II and III, and line 11 of Part I)

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale	1	
2	Cost or other basis of livestock and other items you bought for resale	2	
3	Subtract line 2 from line 1	3	
4	Sales of livestock, produce, grains, and other products you raised	4	6,994.
5a	Total cooperative distributions (Form(s) 1099-PATR)	5a	
5b	Taxable amount	5b	
6a	Agricultural program payments	6a	
6b	Taxable amount	6b	
7	Commodity Credit Corporation (CCC) loans:		
7a	CCC loans reported under election	7a	
7b	CCC loans forgiven or repaid with certificates	7b	
7c	Taxable amount	7c	
8	Crop insurance proceeds and certain disaster payments:		
8a	Amount received in 1990	8a	
8b	Taxable amount	8b	
8c	If election to defer to 1991 is attached, check here <input type="checkbox"/> 8d Amount deferred from 1989	8c	
9	Custom hire (machine work) income	9	
10	Other income, including federal and state gasoline or fuel tax credit or refund	10	
11	Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51. This is your gross income	11	6,994.

Part II Farm Expenses-- Cash and Accrual Method (Do not include personal or living expenses such as taxes, insurance, repairs, etc. on your home.)

12	Breeding fees	12		24	Labor hired (less jobs credit)	24	803.
13	Chemicals	13		25	Pension and profit-sharing plans	25	
14	Conservation expenses (you must attach Form 8648)	14		26	Rent or lease:		
15	Custom hire (machine work)	15		26a	Vehicles, machinery, and equip.	26a	
16	Depreciation and section 179 deduction not claimed elsewhere	16	4,963.	26b	Other (land, animals, etc.)	26b	800.
17	Employee benefit programs other than on line 25	17		27	Repairs and maintenance	27	753.
18	Feed purchased	18	1,444.	28	Seeds and plants purchased	28	
19	Fertilizers and lime	19		29	Storage and warehousing	29	
20	Freight and trucking	20		30	Supplies purchased	30	556.
21	Gasoline, fuel, and oil	21	2,034.	31	Taxes	31	1,459.
22	Insurance (other than health)	22	849.	32	Utilities	32	403.
23	Interest:			33	Veterinary fees and medicine	33	311.
23a	Mortgage (paid to banks, etc.)	23a		34	Other expenses (specify):		
23b	Other	23b	652.	34a	See Attached	34a	140.
				34b		34b	
				34c		34c	
				34d		34d	
				34e		34e	

35 Add amounts on lines 12 through 34e. These are your total expenses

36 Net farm profit or (loss): Subtract line 35 from line 11. If a profit, enter on Form 1040, line 19, and on Schedule SE, line 1. If a loss, you MUST go on to line 37. (Fiduciaries and partnerships, see instructions.)

37 If you have a loss, you MUST check the box that describes your investment in this activity.
If you checked 37a, enter the loss on Form 1040, line 19, and Schedule SE, line 1.
If you checked 37b, you MUST attach Form 6198.

37a All investment is at risk.
37b Some investment is not at risk.

Lincoln County

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Date application received 9-24-91 SM
(Initial)

Date property inspected (if applicable) 10-5-91 SM
(Initial)

Date income records inspected (if applicable) 12-6-91 SM
(Initial)

Approved Denied 12-16-91 SM
(Date) (Initial)

Written notice of approval or denial sent to applicant.
12-16-91 SM
(Date) (Initial)

If approved, application recorded:
(Date) (Initial)

Department of Taxation:

Application returned to assessor for valuation and entry on the roll.

(Date) (Initial)

Reasons for approval or denial and other pertinent comments:

This search will make the \$5,000⁰⁰ property
gross income as their income tax return shows

William T. Lloyd/SM
(Signature of Assessor or Department Employee Processing Application)

L. O. Cassette
(Title)

12-16-91
(Date)

097867

SI Or
Lincoln County Assessor
December 6, 1991
45 11 04
A 99
594
Y. NE. A.

YURIKO SETZER

By Yuriko Setzer Deputy

ASD 028

07109191
Deputy