

**MARYLAND DEPARTMENT OF NATURAL RESOURCES**  
**Forest Service**  
**INCOME TAX MODIFICATION FOR REFORESTATION AND TIMBER STAND IMPROVEMENT**

**TAX PAYER INFORMATION:**

[ ] Owner [ ] Lessee

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ County of Residence \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Total Maryland Forest Acreage \_\_\_\_\_

Property Location \_\_\_\_\_ County \_\_\_\_\_

**FOREST MANAGEMENT PRACTICES:**

<u>Code</u>	<u>Initial Practices</u>	<u>Acres</u>	<u>Cost/Acre</u>	<u>Total Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total Initial Costs	_____
			Less Cost Share Assistance	_____
			Initial Costs Subject to Maryland Tax Modification	_____

<u>Code</u>	<u>Supplemental Practices</u>	<u>Acres</u>	<u>Cost/Acre</u>	<u>Total Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total Supplemental Costs	_____
			Less Cost Share Assistance	_____
			Supplemental Costs Subject to Maryland Tax Modification	_____

**Final Costs Calculations:**

Initial Costs subject to Maryland Tax Modification \_\_\_\_\_  
Supplemental Costs Subject to Maryland Tax Modification \_\_\_\_\_ x2 = \_\_\_\_\_  
Final Costs Subject to Maryland Tax Modification \_\_\_\_\_

**TAXPAYER VERIFICATION:**

I declare this statement to be true, correct and complete to the best of my knowledge.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORESTER CERTIFICATION:**

I certify that the forest management practices described herein meet the requirements established by Maryland Department of Natural Resources for: (circle one)

Initial Certification          Final Certification          Decertification

Forester Signature: \_\_\_\_\_ Md. RPF #: \_\_\_\_\_ Date: \_\_\_\_\_