

Nevada Department of Taxation AGRICULTURAL HAY PRICE AND PASTURE RENTAL SURVEY

To avoid receiving a mailed copy, please respond no later than December 16, 2023

Annually, the Department of Taxation collects information from hay growers, hay buyers and sellers to determine the prices paid for all types of hay during the previous calendar year. **The information is compiled into a five-year average and used to determine agricultural land values** adopted by the Nevada Tax Commission. We also ask for your help in providing pasture and grazing rental costs. *All information received is confidential and used for the stated statistical purposes only*.

		_ ,, _	own other than Hay	1 10 1 1	
•			t apply in the future: check to	v	use \square
his questioni	naire does not ap	ply this year bu	it all or part may in the future	e: check if applicable	
he form. If y	hay grown in Nev ou have a list of h	ay sales in ano	ddition, include weedy and rai ther form which will include my sales that occurred in the cale	nost of this data, a copy	
	ALFALFA HAY	Y - FOB AT TH	HE RANCH - PLEASE DO NOT	INCLUDE SHIPPING CO	OST
CONDITION		\$ PRICE PER TON	ESTIMATED TONNAGE	COUNTY OF ORIGIN	
	WILD OR OTH	IER HAY – FOI	B AT THE RANCH - <u>DO NOT</u> II	NCLUDE SHIPPING COS	STS
TYPE EX. WILD TIMOTHY, ETC.	CONDITION	\$ PRICE PER TON	ESTIMATED TONNAGE	COUNTY OF ORIGIN	
f you leased out the follow NUMBER OF WATERE	ing section.	or grazing land	(Nevada only) from the BLM LUNITS X NUMBER OF MO NUMBER OF A.U.M.'S		2023, please fill NUMBER OF MONTHS
GRAZING (ACRES)		RENTAL \$ PER A.U.M	NUMBER OF A.U.M.'S	TOTAL GRAZING RENTAL COST	NUMBER OF MONTHS

Section III. Pasture or Grazing Rental Revenue

If you leased or rented pasture or grazing to another person in 2023, please fill out the following section:

NUMBER AND TYPE OF ACRES RENTED TO OTHERS (Pasture or Grazing)	RENTAL \$ PER A.U.M.	NUMBER OF A.U.M.'S	TOTAL RENTAL REVENUE	# OF MONTHS

Please help us improve our database by sul	bmitting name and addr	ess of person(s) you ar	re renting to:	
Name of Lessee or Renter (Please print or type)			
dba Business Name (If applicable such as Com	pany, LLC, Partnership, C	Corporation, etc.)		
Mailing Address				
City	State	2	Zip Code	
Section IV. Please sign and date this sur	vey.			
Please print your name below. If you have information below and <i>check here</i> : □	had or you anticipate an	n address change, plea	se update your conta	
Name of Survey Respondent (Please print or ty	rpe) .			
dba Business Name If applicable such as Comp	pany, LLC, Partnership, Co	orporation, etc.)		
Mailing Address	City	State	Zip Code	
→ (Help us cut down costs by allowing t	is to email this survey	to you next year):		
Email Address				
Signature of Person Completing this form	Title	Date Completed	1	