



VT Form FMR-318	Use Value Appraisal Program FOREST MANAGEMENT ACTIVITY REPORT
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This form, with original signature(s) of all landowner(s), must be filed with the Vermont Department of Taxes by February 1st of the year following any management activity on enrolled forestland.

Section 1 Owner(s) information.

*The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), and will be used by the Department of Taxes in the administration of Vermont tax laws to identify individuals affected by such laws. It is also required by 32 V.S.A. §§ 3755(b)(2) and 3755(b)(3) for property to remain eligible for use value appraisal.

Owner #1

Entity (Business) Landowner Name			Federal ID Number		
OR	Individual Landowner Last Name	First Name	Initial	OR	Social Security Number
Landowner Mailing Address, Line 1			Daytime Telephone Number		
Landowner Mailing Address, Line 2 (if needed)			Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City	State	ZIP Code		For Department Use Only	
Foreign Country (if not United States)		Email Address			

Owner #2

Entity Landowner Name			Federal ID Number		
OR	Individual Landowner Last Name	First Name	Initial	OR	Social Security Number
Landowner Mailing Address, Line 1			Daytime Telephone Number		
Landowner Mailing Address, Line 2 (if needed)			Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City	State	ZIP Code		For Department Use Only	
Foreign Country (if not United States)		Email Address			

Are there more than two owners?

- Yes.** Total number of owners? _____. Complete and attach Schedule FMR-319 to identify additional owners.
- No.** Continue to Section 2.

Section 2 Parcel Information and Reporting (Activity) Year

SPAN of parcel (i.e., 123-123-12345) — —	Parcel located in town of:	Reporting (Activity) Year
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(continued on next page)

Owner #1 Name	
SPAN of parcel (i.e., 123-123-12345) — —	Reporting (Activity) Year



Section 3 Activity Enter information for one stand per line.

Stand #	Activity
Stand #	Activity
Stand #	Activity
Stand #	Activity
Stand #	Activity
Stand #	Activity

Are there more stands with activity? ... Yes. Complete and attach Schedule FMR-320. No. Continue.

Additional Comments on Activity

Check here if products harvested produced no income.

Products harvested since last report	Volume			Major Species Harvested
	MBF	Tons	Cords	
A. Hardwood Sawtimber (MBF*)		n/a	n/a	
B. Softwood Sawtimber (MBF* or Tons**)			n/a	
C. Firewood (Cords or Tons**)	n/a			
D. Hardwood Pulp (Cords or Tons**)	n/a			
E. Softwood Pulp (Cords or Tons**)	n/a			
F. Whole-tree chips (Tons)	n/a		n/a	
G. Other (any units)				

*MBF - Thousands of Board Feet (i.e. 30,000 Board Feet = 30 MBF) **Report one, but not both.

Sugaring Activity

H. Number of taps producing sap:	I. Number of gallons of sap produced (optional):
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Section 4 Signatures

I/We, the undersigned landowner(s), understand that in order to maintain eligibility in Use Value Appraisal, the management practices on this parcel must be consistent with the program's Minimum Standards for Forest Management and Regeneration, as well as the objectives identified and activities prescribed in the forest management plan for the parcel described above.

Signature of Owner #1 	Title, if signing on behalf of an entity	Date
Signature of Owner #2 	Title, if signing on behalf of an entity	Date