

# Farm Income

Proprietor's Name:	
Principal Crop Or Activity	

**Farm Questions:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you dispose of this farm?

If Yes, what was the disposition date? (Mo/Da/Yr) \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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Have you prepared or will you prepare all required Forms 1099?

	<b>Amount</b>
Health premiums paid for yourself and your dependents	

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	Amount Received	Cost or Other Basis

Income	Amount Received
Sales of livestock, produce, grains, etc. you raised	
Total cooperative distributions (Forms 1099-PATR)	
Taxable Cooperative Distributions	
Total Agricultural Program Payments	
Taxable Agricultural Program Payments	
Total Commodity Credit Corporation (CCC) Loans	
Total Crop Insurance Proceeds and Certain Disaster Payments Received	
Taxable Crop Insurance Proceeds Received	
Crop Insurance Proceeds Deferred From Prior Year	
Custom Hire (machine work) Income	
Federal Gasoline Tax Or Fuel Tax Credit Or Refund	
State Gasoline Tax Or Fuel Tax Credit Or Refund	

Income From Payment Cards & Third-Party Transactions (Include All Forms 1099-K)	Amount Received

# Farm Income

<b>Income From Government Payments (Include All Forms 1099-G)</b>	<b>Amount Received</b>

<b>Miscellaneous Income (Include All Forms 1099-MISC and 1099-NEC)</b>	<b>Amount Received</b>

<b>Other Income</b>	<b>Amount Received</b>

# Farm Expenses

Farm Expenses	Amount Paid
Business Meals	
Entertainment	
Car & Truck Expenses	
Chemicals	
Conservation Expenses	
Custom Hire (Machine Work)	
Employee Benefit Programs & Health Insurance (other than pension & profit-sharing plans)	
Feed Purchased	
Fertilizers and Lime	
Freight and Trucking	
Gasoline, Fuel, and Oil	
Insurance (Other Than Health)	
Interest-Mortgage (Paid to Banks etc.)	
Interest-Other	
Labor Hired	
Pension & Profit-Sharing Plans	
Rent or Lease-Vehicles, Machinery, and Equipment	
Rent or Lease Other (Land, Animals, Etc.)	
Repairs & Maintenance	
Seeds and Plants Purchased	
Storage and Warehousing	
Supplies Purchased	
Taxes	
Utilities	
Veterinary, Breeding, and Medicine	
Capitalized Preproductive Period Expenses	
Dependent Care Benefits	
Other Expenses:	

# Property & Equipment

<b>X if Not New</b>	<b>Acquisitions-Description</b>	<b>Date Acquired (MO/DA/YR)</b>	<b>Cost</b>

<b>Disposition-Description</b>	<b>Date Acquired (MO/DA/YR)</b>	<b>Cost</b>	<b>Date Sold (MO/DA/YR)</b>	<b>Sales Price</b>

<b>Listed Property Questions:</b>	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction?		
If yes, is the evidence written?		
Do you have evidence to support the business usage claimed on listed property?		
If yes, is the evidence written?		

<b>If you are an employer who provides vehicles for use by employees:</b>	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		