

FAR	MERS WORKSHEET
FOR	
	YEAR

THIS WORKSHEET HAS BEEN PREPARED FOR YOUR CONVENIENCE. PLEASE FILL OUT AT HOME BEFORE BRINGING TO THE OFFICE. YOU MAY ROUND TO THE NEAREST DOLLAR.

Taxpayer's Name	Social Security Number	Birth Date
Spouse's Name	Social Security Number	Birth Date
Home Phone	Work Phone	E-mail Address
LIST ALL DEPENDENTS: Important to fill in if any changes - INFORMAT	ION <u>MUST MATCH</u> SOCIAL SECUI	RITY CARD!
Name	Social Security Number	Birth Date
Address	School District	County Number

FARM INCOME

	AMOUNI	r	AMOUNT
SOYBEANS	\$	OTHER INSURANCE PROCEEDS	\$
CORN		AGRICULTURE PROGRAM PAYMENTS	
OATS		COMMODITY CREDIT LOANS	
MACHINE HIRE		CASH RENT	
OTHER GRAIN		OTHER FARM INCOME : (LIST)	
STATE GAS REFUND			
PATRONAGE DIVIDENDS (Bring in Form 1099)			
CROP INSURANCE PROCEEDS			

LIVESTOCK SOLD

Separate <u>RAISED</u> and <u>PURCHASED</u> livestock. Also separate <u>BREEDING</u> and <u>NON-BREEDING</u> livestock.

Dates are not needed for non-breeding stock.

DESCRIPTION (Type of Livestock)	DATE ACQUIRED	DATE SOLD	COST	AMOUNT RECEIVED
			\$	\$
			_	
			_	

DEPRECIATION REVISIONS

List all machinery, equipment, buildings, etc., acquired, traded, or sold during the year. In column 1 put a "B" if bought outright, "T" if bought with trade, "S" if item is sold. If an item is bought (B), then columns 1, 2, 3, 4, need to be completed. If an item is traded (T), then columns 1, 2, 3, 4, 5, need to be completed. If an item is sold(S), then columns 1, 2, 3, 6, need to be completed.

1	2	3	4	5	6
B, T, S	Date	Item Bought/Sold	Total Cost or Boot Paid	Item Traded (if any)	Amount Received

FARM EXPENSES

	AMOUNT		AMOUNT
LABOR HIRED	\$	TRUCKING & FREIGHT	\$
EMPLOYEE BENEFITS - AGRI PLAN		CONSERVATION EXPENSES	
REPAIRS AND MAINTENANCE		LAND CLEARING EXPENSES	
MORTGAGE INTEREST PAID TO		GRAIN DRYING	
FINANCIAL INSTITUTIONS		FARM DUES	
OTHER INTEREST PAID		FARM JOURNALS	
RENT - LAND	ar ar	BANK CHARGES	
RENT - EQUIPMENT		SEALED GRAIN REPURCHASED	
FEED PURCHASED		INCOME TAX PREPARATION	
SEEDS AND PLANTS		BUSINESS LEGAL FEES	
FERTILIZERS		MEALS FOR HELP	
CHEMICALS		TRUCK EXPENSE \$	
MACHINE HIRE		(Gas, Oil, Insurance, Repairs, Lice	nse, Etc)
SMALL TOOLS AND SUPPLIES		TRUCK MILEAGE FOR YEAR	
BREEDING FEES		PERCENTAGE TRUCK USED FOR FARM	
VETERINARY & MEDICINE		CAR EXPENSE \$	
GAS, OIL, AND GREASE		(Gas, Oil, Insurance, Repairs, Lice	nse, Etc)
STORAGE		CAR MILEAGE FOR YEAR	
TAXES:		PERCENTAGE CAR USED FOR FA	
PROPERTY		MISCELLANEOUS EXPENSES: (Lis	t)
SOCIAL SECURITY ON HELP			\$
INSURANCE:			\$
BUILDINGS			\$
MACHINERY			\$
CROP		PAYMENTS TO:	· ·
LIABILITY		IRA	\$
UTILITIES: ELECTRICITY (Full Amt)		SEP	\$
TELEPHONE (Full Amount)		KEOGH	\$
		GAS TAX REFUNDS: NUMBER GALLONS GAS (undyed diesel and for off-road use only)	

NON-FARM TAX INFORMATION

INCOME: (Non-Farm)					
WAGES (Bring in W-2's)			OTHER (List)		
INTEREST INCOME (Bring i	n Form 1099)				**
DIVIDENDS (Bring in Form 1	1099)				
RENTALS OR BUSINESS IN (List All Receipts and Expens	NCOME		8		
SOCIAL SECURITY RECEIF	TS (Bring in Form	n 1099)			
EXPENSES: (Non-Farm)					
·	AMOUNT	MEDICAL EXP	ENSES: (Non-Agri P	lan)	AMOUNT
HOME MORTGAGE INTEREST	\$	MEDICAL IN	SURANCE		\$
INVESTMENT INTEREST PAID		DRUGS & M	EDICINE		
		DOCTORS, [DENTISTS, CHIROP	RACTORS	
PROPERTY TAX (Non-Farm)		HOSPITAL E	XPENSES		
CAR LICENSE		OTHER LIST			
# of Vehicles			VEN FOR MEDICAL	TREATMENT	
CONTRIBUTIONS			SES/CONTACTS		
INCOME TAX PAID THIS YEAR: (If Different From Tax Returns)	1 1	DENTURES			
FEDERAL		HEARING /			
STATE		LAB TESTS			
SIAIL		-			

TAX CREDITS: EMPLOYMENT RELATED Cl your provider:	HILD-CARE EXP		se provide the follo	owing informa	ation related to
NAME	ADDRES		JMBER OR EIN		
				Amount Pai	d \$
				Amount Pai	d \$
				Amount Pai	d \$
				Amount Pai	d \$
				Amount Paid	d \$
				Amount Pair	4 ¢