

FARM INCOME / DEDUCTIONS

NAME OF PROPRIETOR	SOCIAL SECURITY NUMBER
PRINCIPAL PRODUCT/CROPS (THIS YEAR)	FEDERAL I.D. NUMBER

1. Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual 2. Do you rent on a crop share basis? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Is 2/3 (or more) of your income from farming? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Did you take an active part in the operation of this farm? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Did you elect to include Commodity Credit loans as income? <input type="checkbox"/> YES <input type="checkbox"/> NO	This Farm is: <input type="checkbox"/> Individually Owned <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
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FARM INCOME

Sales of Livestock and other items bought for resale	
Cost (or basis) of items sold above	
Sales of livestock, produce, grains and other products raised	
Total distributions received from cooperatives (attach 1099 forms)	
Less non-income items (from line above)	
AGI program payments in cash	Materials & supplies
Commodity credit loans (under election or forfeited)	
Crop insurance proceeds	Machine work Income
Fed. gasoline tax credits	State tax credits
Farm Rental Income	
Other:	

FARM DEDUCTIONS

Breeding fees	Labor/wages (Owner/Family)
Chemicals	(Others)
Conservation expenses	Machine hire
Feed purchased	Rent of farm pasture
Fertilizers & lime	Repairs & maintenance
Freight & trucking	Seed, plants purchased
Gasoline, fuel & oil	Storage/warehousing
Interest	Supplies purchased
Auto/travel - farm related	Taxes
Insurance	Utilities
Vet/medicines	Other:

Health Insurance Premiums (Check all that apply): <input type="checkbox"/> We have # _____ of full time equivalent employees <input type="checkbox"/> Paid 1/2 or more of employee premiums <input type="checkbox"/> Used Health Insurance Marketplace for coverage	
Mortgage interest (paid to financial institution)	
Pension and profit sharing plans (list breakdown by employee)	
Other employee benefit programs (submit details)	
Depreciation if predetermined (attach schedule)	
Other:	

Note: Amounts above should reflect expenses after any reimbursements. Do not include personal or living expenses (such as taxes, insurance, repairs, etc., on your home) which do not produce income.	Farm Use Gallons Purchased	
	Gasoline	Oil
	#	#

On Back: Capital Items Purchased, Sold or Traded and Additional Questions

FARM ASSETS & CAPITAL IMPROVEMENTS*

List below - Animals, Equipment Vehicles and Property Improvements Purchased During the Year (do not duplicate on other side).

Description	Date	Cost	Asset Was		If Trade-In Involved	
			New	Used	Description	Allowance

*Do you wish to consider accelerating your depreciation expense with Section 179 + any available bonus depreciation provisions? Yes No Not Sure

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

Description	Date Acquired	Original Cost	Date Disposed of	Describe Means of Disposal	Amount Received

ADDITIONAL QUESTIONS

- | | |
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| <p>1. Did you receive proceeds due to crop destruction or sell livestock on account of weather related conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Would you like to consider the option to average your farm income over three years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Did you sell stock to a farm cooperative? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>4. Did you recently change from cash to accrual accounting? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Did you use seasonal workers this year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Is your property located in a Gulf Opportunity (GO) zone? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
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