

Please provide all Forms 1099-K

☐ Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [21]	_____
Long-term care premiums paid by this activity	+ _____ [25]	_____

## Schedule F Income

Sales Code**	Income description	2020 Information	Prior Year Information
—	_____	+ _____ [35]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

## \*\* Sales Codes

1 = Cash sales of items bought for resale

2 = Cash sales of items raised

3 = Accrual sales

4 = Custom hire (machine work)

5 = Other income

	2020 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [43]	
Total cooperative distributions you received	+ _____ [45]	
Taxable cooperative distributions you received	+ _____ [47]	

2020 Total

2020 Taxable

Prior Year Information

Agricultural program payments	+ _____	+ _____ [50]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2020 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Commodity credit loans reported under election:	_____ [54]	
_____	_____	
Total commodity credit loans forfeited	+ _____ [56]	
Taxable commodity credit loans forfeited	+ _____ [58]	

2020 Total

2020 Taxable

Prior Year Information

Total crop insurance proceeds you received in 2020	+ _____	+ _____ [61]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2021	_____ [63]	_____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Crop insurance proceeds deferred from 2019	+ _____ [65]	_____	

Control Totals +

Form ID: F-1

☐ **Preparer use only**

Description

## 2020 Information

## Prior Year Information

Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Control Totals +

Form ID: F-2

Preparer use only

Description

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Activity name

**Preparer use only**

Activity name \_\_\_\_\_

**Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.**

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2020 Model T - (EXAMPLE ASSET)	03/09/20	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1				
		Comments:		
2				
		Comments:		
3				
		Comments:		
4				
		Comments:		
5				
		Comments:		
6				
		Comments:		
7				
		Comments:		
8				
		Comments:		
9				
		Comments:		
10				
		Comments:		
11				
		Comments:		
12				
		Comments:		
13				
		Comments:		
14				
		Comments:		
15				
		Comments:		
16				
		Comments:		
17				
		Comments:		
18				
		Comments:		
19				
		Comments:		
20				
		Comments:		
21				
		Comments:		
22				
		Comments:		
23				
		Comments:		
24				
		Comments:		
25				
		Comments:		

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home****2020 Information****Prior Year Information**

Total area of home	_____ [14]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Area used exclusively for business	_____ [16]	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	
Total hours used this year, if less than 8784	_____ [20]	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Area used partly for day-care business	_____ [24]	

**List as direct expenses any expenses which are attributable only to the business part of your home.**

**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

**2020 Information****Direct Expenses****Indirect Expenses****Prior Year Information**

Mortgage interest:	+ _____ [29]	+ _____ [31]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	
Real estate taxes:	+ _____ [37]	+ _____ [39]	
Excess mortgage interest	+ _____ [42]	+ _____ [43]	
Insurance	+ _____ [48]	+ _____ [50]	
Rent	+ _____ [54]	+ _____ [55]	
Repairs & maintenance	+ _____ [57]	+ _____ [58]	
Utilities	+ _____ [60]	+ _____ [61]	
Other expenses, such as: Supplies & Security system			
_____	+ _____ [63]	+ _____ [64]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Excess casualty losses		+ _____ [66]	
Carryovers:			
Operating expenses		+ _____ [67]	
Casualty losses		+ _____ [68]	
Depreciation		+ _____ [70]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	
Depreciation		+ _____ [75]	

**NOTES/QUESTIONS:**

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession \_\_\_\_\_ [3]

### Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

### Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="text"/>	___ [62]	<input type="text"/>	___ [64]	<input type="text"/>	___ [66]	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="text"/>	___ [70]	<input type="text"/>	___ [72]	<input type="text"/>	___ [74]	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="text"/>	___ [78]	<input type="text"/>	___ [80]	<input type="text"/>	___ [82]	<input type="text"/>
Is this evidence written? (Y, N)	___ [84]	<input type="text"/>	___ [86]	<input type="text"/>	___ [88]	<input type="text"/>	___ [90]	<input type="text"/>

### Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="text"/>	_____ [34]	<input type="text"/>	_____ [36]	<input type="text"/>	_____ [38]	<input type="text"/>
Commuting miles	_____ [42]	<input type="text"/>	_____ [44]	<input type="text"/>	_____ [46]	<input type="text"/>	_____ [48]	<input type="text"/>
Business miles	_____ [52]	<input type="text"/>	_____ [54]	<input type="text"/>	_____ [56]	<input type="text"/>	_____ [58]	<input type="text"/>
Parking fees	+ _____ [92]	<input type="text"/>	+ _____ [94]	<input type="text"/>	+ _____ [96]	<input type="text"/>	+ _____ [98]	<input type="text"/>
Tolls	+ _____ [100]	<input type="text"/>	+ _____ [102]	<input type="text"/>	+ _____ [104]	<input type="text"/>	+ _____ [106]	<input type="text"/>
Gasoline	+ _____ [108]	<input type="text"/>	+ _____ [110]	<input type="text"/>	+ _____ [112]	<input type="text"/>	+ _____ [114]	<input type="text"/>
Oil	+ _____ [116]	<input type="text"/>	+ _____ [118]	<input type="text"/>	+ _____ [120]	<input type="text"/>	+ _____ [122]	<input type="text"/>
Repairs	+ _____ [124]	<input type="text"/>	+ _____ [126]	<input type="text"/>	+ _____ [128]	<input type="text"/>	+ _____ [130]	<input type="text"/>
Maintenance	+ _____ [132]	<input type="text"/>	+ _____ [134]	<input type="text"/>	+ _____ [136]	<input type="text"/>	+ _____ [138]	<input type="text"/>
Tires	+ _____ [140]	<input type="text"/>	+ _____ [142]	<input type="text"/>	+ _____ [144]	<input type="text"/>	+ _____ [146]	<input type="text"/>
Car washes	+ _____ [148]	<input type="text"/>	+ _____ [150]	<input type="text"/>	+ _____ [152]	<input type="text"/>	+ _____ [154]	<input type="text"/>
Insurance	+ _____ [156]	<input type="text"/>	+ _____ [158]	<input type="text"/>	+ _____ [160]	<input type="text"/>	+ _____ [162]	<input type="text"/>
Interest	+ _____ [164]	<input type="text"/>	+ _____ [166]	<input type="text"/>	+ _____ [168]	<input type="text"/>	+ _____ [170]	<input type="text"/>
Registration	+ _____ [172]	<input type="text"/>	+ _____ [174]	<input type="text"/>	+ _____ [176]	<input type="text"/>	+ _____ [178]	<input type="text"/>
Licenses	+ _____ [180]	<input type="text"/>	+ _____ [182]	<input type="text"/>	+ _____ [184]	<input type="text"/>	+ _____ [186]	<input type="text"/>
Property taxes	+ _____ [188]	<input type="text"/>	+ _____ [190]	<input type="text"/>	+ _____ [192]	<input type="text"/>	+ _____ [194]	<input type="text"/>
Other vehicle expenses	+ _____ [196]	<input type="text"/>	+ _____ [198]	<input type="text"/>	+ _____ [200]	<input type="text"/>	+ _____ [202]	<input type="text"/>
Vehicle rentals	+ _____ [204]	<input type="text"/>	+ _____ [206]	<input type="text"/>	+ _____ [208]	<input type="text"/>	+ _____ [210]	<input type="text"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="text"/>	+ _____ [214]	<input type="text"/>	+ _____ [216]	<input type="text"/>	+ _____ [218]	<input type="text"/>
Depreciation	+ _____ [220]	<input type="text"/>	+ _____ [222]	<input type="text"/>	+ _____ [224]	<input type="text"/>	+ _____ [226]	<input type="text"/>

Control Totals +

Form ID: Auto