STATE AND TRUST INCOME	2019 (K-1 E/T)
Your 2018 K-1 information is shown below. K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number If any rental real estate, are you an active participant?	
K-1 INFORMATION	
K T IN GRADATION	
Name of Estate, Trust	
Federal ID Number If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
K-1 INFORMATION	
Name of Estate, Trust	
Federal ID Number	
If any rental real estate, are you an active participant?	
Please attach all K-1 schedules received for 2019.	
i ioaco attaon un it i concaules leceivea loi 2013.	

PENSION AND RETIREM	ENT INCOME		201 9 (1099R)
PENSIONS AND IRAS Listed below are your pension, IRA distribution	ons, and Social Security received last y	year (if any).	
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	∐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	∐ IRA
Name of payer Street address City, State, Zip Code Employer Identification Number	TAXPAYER	SPOUSE	☐ IRA
* Please include any 1099's and other info If you ever made non-deductible contrib	utions to your IRA, please provide y	year-end balances of all you	r IRA accounts. (1040 WKT)
Taxpayer Amount	2019 AMOUNTS	-	2018 TOTAL AMOUNT
Spouse Amount	\$	-	

HILD AND DEPENDE	ENT CARE EXPENSE	S 20 (244	19 11)		
Please list all care providers and the	ase list all care providers and the amounts paid to them in 2019. Any information from the prior year is shown belov				
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	2018 AMOUNT \$			
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	2018 AMOUNT \$			
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	2018 AMOUNT \$			
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid	\$	2018 AMOUNT \$			
Name of provider Street address City, State, Zip Code Social Security Number or EIN Amount paid		2018 AMOUNT \$			
List name of each child and total amount	ount spent for care of that child.	Φ.			

FOREIGN	I EAR	NED INCOME	<u>:</u>						(255	20 19 5/2555EZ)
		ign earned income?							(=55	,,
Your foreign	2018	1								
address	2019									
Employer	2018									
	2019									
Employer	2018									
U.S. address	2019									
Employer	2018									
foreign address										
.0.0.9.1 444.000										
Residence						2019			2018	
Taxpayer tax	home ove	erseas								
Date establish		310000								
Bonafide resid		ran								
Donailde lesit	dence bec	jan								
Income						2019			2018	
Earned Incor						2013			2010	
	IIC									
Salary Noncash Inc	ome									
Home	OIIIE									
Meals										
Car										
Other	l D	L								
Allowances a										
	and overs	eas differential								
Family										
Education										
Home leave										
Quarters										
Other										
Traval Histo		na Tay Vaar								
	ory Duri	ng Tax Year	I			I	1	T	I	
Country										
Date arrived										
Date left										
Days on busir										
Amount earne	ed in Unite	ed States								
Missellanes		-4:								
Miscellaneo	us Que	stions								
Kind of foreign I					Rented house	or apartment	Emplo	oyer housing		
Did your family	live with y	ou overseas? Yes		No						
If so, who?										
And for what pe	riod?									
Have you told the	ne authori	ties overseas that you are	e not a re	esider	nt of their coun	try? Yes	No			
Are you require	d to pay ir	ncome taxes to the countr	ry you cl	aim re	sidence?	Yes	No			
How long is you	ır contract	to work overseas?								
	-	working under?								
Describe the ler	ngth or em	nployment limitations of ye	our visa.							
		in the U.S. while oversea								
Address:										
If rented:										
Name of occu	ıpant:					Relationship	o:			
	_					·	-			

FOREIGN	I EAR	NED INCOME	<u>:</u>						(255	20 19 5/2555EZ)
		ign earned income?							(=55	,,
Your foreign	2018	1								
address	2019									
Employer	2018									
	2019									
Employer	2018									
U.S. address	2019									
Employer	2018									
foreign address										
.0.0.9.1 444.000										
Residence						2019			2018	
Taxpayer tax	home ove	erseas								
Date establish		310000								
Bonafide resid		ran								
Donailde lesit	dence bec	jan								
Income						2019			2018	
Earned Incor						2013			2010	
	IIC									
Salary Noncash Inc	ome									
Home	OIIIE									
Meals										
Car										
Other	l D	L								
Allowances a										
	and overs	eas differential								
Family										
Education										
Home leave										
Quarters										
Other										
Traval Histo		na Tay Vaar								
	ory Duri	ng Tax Year	I			I	1	T	I	
Country										
Date arrived										
Date left										
Days on busir										
Amount earne	ed in Unite	ed States								
Missellanss		-4:								
Miscellaneo	us Que	stions								
Kind of foreign I					Rented house	or apartment	Emplo	oyer housing		
Did your family	live with y	ou overseas? Yes		No						
If so, who?										
And for what pe	riod?									
Have you told the	ne authori	ties overseas that you are	e not a re	esider	nt of their coun	try? Yes	No			
Are you require	d to pay ir	ncome taxes to the countr	ry you cl	aim re	sidence?	Yes	No			
How long is you	ır contract	to work overseas?								
	-	working under?								
Describe the ler	ngth or em	nployment limitations of ye	our visa.							
		in the U.S. while oversea								
Address:										
If rented:										
Name of occu	ıpant:					Relationship	o:			
	_					·	-			

FARM RENTAL INCOME AND EXPENSES		2019 (4835)
Enter date if you disposed of or sold this business during the year	Employer ID(Not SSN)	
	(100.0011)	
PART I INCOME	2019	2018
Income from livestock, produce, grains, and other crops		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation loans		
Crop insurance proceeds and disaster payments		
Other income		
PART II EXPENSES		_
Car and Truck expenses		
Chemicals		
Conservation expenses	-	
Custom hire	 -	
Employee benefit programs		
Feed purchases		
Fertilizer and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance		
Interest - mortgage		
Interest - other		
Labor hired	·	
Pension and profit sharing plans	·	
Rent or lease - vehicles, machinery and equipment		
Rent or lease other business property		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies		
Taxes		
Utilities		
Veterinary, breeding and medicine	<u></u>	
	-	
	 -	
Enter prior year unallowed loss /if any)		
Enter prior year unallowed loss (if any)		

OFFICE IN THE HOME DEDUCTION		201 9 (8829)
		2018
Square footage of area used for business		
Total square footage in your home		
Is this your spouse's Schedule C?		
Day care facilities:		
Number of days used for day care		
Number of hours per day used for day care		
Enter date if you disposed of or sold this business during the year		
EXPENSES DIRECTLY RELATING TO YOUR BUSINESS	2019	2018
Casualty losses		
Deductible mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Utilities		
Other expenses		
EXPENSES RELATING TO ENTIRE HOUSEHOLD		
Casualty losses		
Deductible mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Utilities		
Other expenses		
Carryover of operating expenses from 2018 Form 8829 line 43		
Carryover of excess casualty losses and depreciation from 2018 Form 8829 line 44		
Carryover of excess casualty losses and depreciation from 2010 Form 6025 line 44		
Enter the fair market value of your home		
Enter the cost of your home		
Enter the value of the land on which your home is placed	_	
no talke of the land of million your nome to played		

DIV	IDEND INCOME				2019 (SCH B)
*T,S,J	Name of Payer	2019 Ordinary	Qualified Dividends	2019 Capital Gains	2018 Ordinary
			·		
_ 					
*Tax _l	payer, Spouse, or Joint				

NTEREST INCOME				2019 (SCH B)
Name of Payer	*T,S,J	2019 Amount	Exempt	2018 Amount
			·	
		-	· 	
			·	
			·	
-		-	·	
			· ———	
-		-	·	
-			·	
		-		
			· 	
			· 	
			· 	
			·	
			·	
*Taxpayer, Spouse, or Joint				

BUSINESS ASSET LIST	2019

Asset acquisition list (Please list all assets you have purchased or placed in service in 2019.)

Description	Date Acquired	Cost	To Schedule

Asset disposition list (Please list all assets you sold, traded, junked, or took out of service for any reason in 2019.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.
							·

We're providing this organizer to assist you in compiling your tax information for 2019. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you. IF YOU HAVE ANY QUESTIONS, PLEASE CALL:	INCOME TAX ORGANIZER FOR	TAX YEAR 2019
your tax information for 2019. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.		
your tax information for 2019. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.		
IF YOU HAVE ANY QUESTIONS, PLEASE CALL:	your tax information for 2019. The end information from last year's tax return to write current year information and a comments you have for us. We appre	closed pages include and spaces in which any questions or
	IF YOU HAVE ANY QUESTIONS, P	LEASE CALL:

OTHER INCOME AND AD	JUSTMENTS			2019
OTHER INCOME			2019	2018
Seller Financed Mortgages Payer		Principal	Interest	Interest
State and Local Income Tax Refu	nds Received in 2019	9		
State or Local jurisdiction				
State or Local jurisdiction State or Local jurisdiction		Amount received _		
Unemployment (Please attach 1099G) Amount received:	(s)).		2019	2018
Amount repaid:		-		
Alimony amount received		, -		
Other Income				
Type:		Amount: _		
ADJUSTMENTS	Taxpayer 2019	Taxpayer 2018	Spouse 2019	Spouse 2018
Educator expense				
Self-employed retirement plans				
Self-employed health insurance paid				
IRA'S				
Traditional Roth				
Student loan interest				
Alimony Paid				
To whom paid:		Amount: _		
SSN:				
Tuition and Fees		Amount: _		
Other Adjustments				
Type:		Amount: _		

GENERAL IN	FORMATION				2019 (MAIN INFO)
Taxpayer's First Name	9	M.I.	Spouse's First Name		Spouse's M.I.
Taxpayer's Last Name)	Suffix	Spouse's Last Name (if di	ifferent)	-
Taxpayer's Social Sec	curity Number		Spouse's Social Security	Number	
Present Home Addres	s		City, State, Zip Code		
E-Mail Address					
If you selected head o					dow(er)
•	dependents Qualify	_			
Note: If any children lis	sted below are nondepend	ents then mark an `X' Date o	in the column listed "Non De	p."	Months Non
First Name	Last Name	Birth		mber Relationship	
·					
				_	
Pı	s a dependent a child wh re-1985 divorce or separat ost-1984 divorce or separa	ion agreement		nat substantiate this clain ned Form 8332	1:
Taxpayer's Birth Date			Spouse's Birth Date		
Taxpayer's Occupation	n		Spouse's Occupation		
Daytime Phone			Daytime Phone		
Evening Phone			Evening Phone		
Cell/FAX Phone			Cell/FAX Phone		
State of Residency:(2-	Letter Abbreviation)	State of Part	-year Residency	2nd State of Part-year F	Residency
	ng space for any comment			•	
_					

PARTNERSHIP AND S-CORPORATION INCOME	2019 (K-1 P/S)
Your 2018 K-1 information is shown below.	
K-1 INFORMATION	
Name of Partnership or S-Corporation Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
R-T INI OKWATION	
Name of Partnership or S-Corporation Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number	
Enter "P" for partnership or "S" for S-Corp	
K-1 INFORMATION	
Name of Partnership or S-Corporation	
Federal ID Number Enter "P" for partnership or "S" for S-Corp	
* Please attach all K-1 schedules received for 2019.	

2019 TAX QUESTIONS

AT ANY TIME DURING 2019:

	Did you or your spouse receive income from the following sources:
YES NO	
123 110	Wages?
	Tips?
	Interest or Dividends?
	Social Security or Tier I Railroad Retirement?
	Lump sum from an employer sponsored plan and the recipient and/or employee was born before 1936?
	Retirement or IRA distribution for which the recipient is under age 59 1/2?
	Other pension, annuity, IRA, or retirement income?
	If IRA distribution, were nondeductible contributions ever made?
	If yes, provide the balance of all IRA accounts as of the end of 2019.
	Unemployment compensation?
	Alimony?
	Self-employment and/or operation of a business?
	Operation of a farm?
	Rental of land and property for agricultural purposes?
	Other rental property?
	Gambling winnings?
	Royalties?
	Any miscellaneous income, such as prizes or jury duty pay?
	Did you or your spouse receive any of the following forms: (Please provide them to your preparer)
YES NO	
	W-2
	W-2G
	1095-A, 1095-B or 1095-C
	1099R
	1099INT
	1099DIV
	1099MISC
	1099B
	1099S
	1099G
	Any other 1099
	K-1
	IRS notice of change to prior year's return
	Closing statements from real estate sales, purchases, or refinancing
	Did you or your spouse sell or dispose of any of the following property:
VEO NO	
YES NO	Charle residual found on other near housiness page 1-0
	Stock, mutual fund, or other non-business assets?
	Your personal residence?
	Rental property?
	Property relating to a business or farm?
	Any other business property not listed above? (i.e. equipment, land)
	If you sold any property above, did it involve a bartering agreement?
	If you sold any property above, are you receiving payments in installments?

2019 TAX QUESTIONS

AT ANY TIME DURING 2019:

Did you or your spouse

YES	NO	
		Have a home mortgage?
		Refinance your home mortgage?
		Use a portion of your home exclusively for business?
		Have medical expenses or pay for health insurance?
		Make regular or substantial contributions to charity, church, etc.?
		If yes, did you make over \$500.00 in non-cash contributions?
		Suffer a casualty loss in a federally declared disaster area?
		Incur any out of pocket expense or use your personal vehicle in conjunction with your job while you were a member of the Armed Forces?
		Move to be closer to a new job?
		Send payments to the IRS/state in order to prepay your current year tax
		liability (estimated taxes) or apply an overpayment from 2018?
		Have any interest in a partnership or S-corporation, estate or trust for which you expect to receive Form K-1?
		Have any household employees to whom you paid \$1000.00 or more?
		Have a qualified fuel tax credit?
		Contribute to an: IRA? SEP? Keogh? Roth? or Simple retirement plan?
		Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?
YES	NO	
		Did your children receive more than \$1,050 and less than \$10,500 from interest and
		dividends that you wish to claim on your own tax return instead of your child's?
		Did you pay child or dependent care expenses? If so, please bring names, addresses, Social
		Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.
		Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?
		Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
		Did you pay interest on higher education loans?
		Were you a pre-college educator who purchased books or classroom supplies?
		Did you purchase a car, boat, aircraft, motor home or home building materials in 2019 or keep receipts on all sales tax
		items purchased in 2019?
		Were there any births, adoptions, divorces, marriages, or deaths in your household?
		Do you desire direct deposit? If yes, please attach voided check.

Part-Year, Part-Rental, or Personal Use Unit 2019 (Sch. E)					2019 (Sch. E)
KIND OF PROPERTY					
LOCATION					
	al income			Percent	
	2019	2018	2019	e, year, or property re	2018
Rent received				%	%
			nd personal use		ntal only
Expenses:		2019	2018	2019	2018
Advertising					
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					
Real estate tax					
Taxes other than real estate tax	res				
Utilities					
Other expenses					
Personal use unit ONLY: Fully deductible rental expenses	e for personal use				
unit. Include expenses directly roperation of the rental activity, s	elated to the				

supplies.

Part-Year, Part-Rental, or Personal Use Unit 2019 (Sch. E)					2019 (Sch. E)
KIND OF PROPERTY					
LOCATION					
	al income			Percent	
	2019	2018	2019	e, year, or property re	2018
Rent received				%	%
			nd personal use		ntal only
Expenses:		2019	2018	2019	2018
Advertising					
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					
Real estate tax					
Taxes other than real estate tax	res				
Utilities					
Other expenses					
Personal use unit ONLY: Fully deductible rental expenses	e for personal use				
unit. Include expenses directly roperation of the rental activity, s	elated to the				

supplies.

Part-Year, Part-Rental, or Personal Use Unit 2019 (Sch. E)					2019 (Sch. E)
KIND OF PROPERTY					
LOCATION					
	al income			Percent	
	2019	2018	2019	e, year, or property re	2018
Rent received				%	%
			nd personal use		ntal only
Expenses:		2019	2018	2019	2018
Advertising					
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Mortgage interest					
Other interest					
Repairs					
Supplies					
Real estate tax					
Taxes other than real estate tax	res				
Utilities					
Other expenses					
Personal use unit ONLY: Fully deductible rental expenses	e for personal use				
unit. Include expenses directly roperation of the rental activity, s	elated to the				

supplies.

ITEMIZED DEDUCTIONS			2019 (SCH A)
	*T,S,J	2019	2018
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs,	nonprescription n	nedical supplies	
such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums	s, medical miles o	r actual expense.*	
	 -		
	•		-
	 -		
			-
Number of medical miles	 -		
* Do not list amounts paid with pre-tax dollars or that were reimbursed.	·		
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes			
Personal property taxes			
Other			
INTEREST PAID			
Home mortgage interest Points paid in purchasing new home	 -		
Investment interest expense	-		-
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
	 -		-
	 -		
	 -		
			
	-		
Non-cash	. <u></u> .		
Number of charity miles	 -		

INTER	EST AND DIVIDEND INCOME		2019 (SCH B)
	ST INCOME	2019	2018
T,S,J*	NAME OF PAYER		
-			
	If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN.		
	Name	SSN/EIN	
	City, State, Zip	Amount	
	Amount of nominee interest		
	Amount of accrued interest		
	Amount of tax-exempt interest		
	Amount of OID adjustment		
	Amount of ABP adjustment		
DIVIDE	ND INCOME	2019	2018
T,S,J*	NAME OF PAYER	ORDINARY	ORDINARY
,-,-		-	
-			
*Toursous	, Spouse or Joint Nominee Distribution Dividends		

BUSINESS INCOME AND EXPENSES		2019 (SCH C)
Your principal business or profession Is this your spouse's Sci		
Business name	2018 Business code	
Business address	Employer ID	
	(Not SSN)	
	Accounting method:	
Enter date if you disposed of or sold this business during the year		
BUSINESS VEHICLE	2019	2018
Date placed in service		
Miles used for: Business		
Commuting		
Other		
PART I INCOME		
Gross receipts or sales		
Returns and allowances Other income		
PART II EXPENSES		
Advertising		
Car/Truck expenses		
Commissions		
Contract labor		
Depletion		
Employee benefit programs		
Insurance		
Interest - mortgage		
Interest - other		
Legal and professional services		
Office expense		
Pension and profit sharing		
Rent or lease - vehicles, machinery		
Rent - Other business property		
Repairs and maintenance		
Supplies Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Enter prior year unallowed loss (if any)		
OTHER EXPENSES		(SCH C PG 2)
		
		
		
Inventory method: Cost Lower of Cost or Market Other		
Inventory at beginning of year		
Purchases less cost of personal items		
Inventory at end of the year		

CAPITAL GAINS AN	D LOSSES			20 19 (SCH D)
		s, and Non-Business A	Assets	, ,
Description	Date Acquired	Date Sold	Sales Price	Cost
	-			
	-			
Amount of short-term loss carryover fr	om 2018			
Amount of long-term loss carryover from	om 2018			

RENTAL REAL	STATE AND ROYALTIES			2019 (SCH E)		
	Prope			erty B	Prope	erty C
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY STATE						
ZIP						
INCOME	2019	2018	2019	2018	2019	2018
Rent received						
Royalties received EXPENSES						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miccellaneous Expenses						
Miscellaneous Expenses						
Type of misc expense 1						
,,						
Amount item 1						
Type of misc expense 2						
Amount item 2						
,e g 1.e <u>-</u>						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Type of fillsc expense 4						
Amount item 4						
Enter loss carryover to 2019						
5						
Did you actively participate in this venture?						
in this venture?						
Did you use this property						
for personal use?						
·						

RENTAL REAL I	PATATE AND DAVALTICA				2019 SCH E-DUP)	
	Property A		Property B		Property C	
KIND OF PROPERTY			1.72	<i>,</i> -		,
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2019	2018	2019	2018	2019	2018
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Time of mice summers 4						
Type of misc expense 4						
Amount item 4						
Amount item 4						
Enter loss carryover to 2019						
Enter 1000 oarry over to 2010						
Did you actively participate						
in this venture?						
Did you use this property						
for personal use?						
•						
	i		I			

FARM INCOME AND EXPENSES		2019 (SCH F)
	Is this your spouse's	Schedule F?
Your principal product	2018 Activity Code	
Enter date if you disposed of or sold this business during the year	2016 Activity Code	-
Effici date if you disposed of of solid this business duffing the year	Employer ID	
	(Not SSN)	
PART I INCOME	2019	2018
Sales of livestock and other items you bought for resale not reported above		
Cost or other basis of livestock and other resale items reported above		
Sales of livestock, produce, grains and other raised products not reported above		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation loans		
Crop insurance/disaster payments		
Custom hire income not reported above		
Other income not reported above		
·		
PART II EXPENSES		
Car and Truck expenses		
Chemicals		
Conservation expenses		
Custom hire		
Employee benefit programs		
Feed purchases		
Fertilizer and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance		
Interest - mortgage		
Interest - other		
Labor hired		
Pension and profit sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease other business property		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies		
Taxes		
Utilities		
Veterinary, breeding and medicine		
Enter prior year unallowed loss (if any)		

FARM INCOME ACCRUAL METHOD ONLY		2019 (SCH F)
	2019	2018
Sales of livestock, produce, grains and other products not reported above		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation loans		
Crop insurance proceeds		
Custom hire income not reported above		
Other income not reported above		
Inventory at beginning of year		
Cost of inventory during the year		
Inventory at end of year		

W-2 INCOME			20 19 (W-2)
Listed below are your employers shown on you	our last year's income tax return.		
Name of employer Street address City, State, Zip Code Employer Identification Number			
, ,,	TAXPAYER	SPOUSE	
Name of employer Street address			
City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	TAVBAVED	SPOUSE	
	TAXPAYER	□ srouse	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
	_	L	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
	L TAXFATER	☐ 3F003L	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	TAXPAYER	SPOUSE	
	L TAXFATER	☐ 3F003L	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	TI	11	
	TAXPAYER	SPOUSE	
Name of employer			
Street address City, State, Zip Code			
Employer Identification Number	T =	1	
* Please include a W-2 from each of your 20°	☐ TAXPAYER 19 employers.	∐ SPOUSE	

W-2G INCOME			2019 (W-2G)
Listed below are payers shown on you *Please include any W-2G from eac			
Name of payer Street address City, State, Zip Code Federal Identification Number	TAXPAYER	☐ SPOUSE	
Name of payer Street address City, State, Zip Code Federal Identification Number	TAXPAYER	SPOUSE	
Name of payer Street address City, State, Zip Code Federal Identification Number	TAXPAYER	SPOUSE	
ESTIMATED TAX PAI			(FED/ST TAX)
* Please enter only the payments to Federal payments	be applied to the current year tax, in		nuary of 2020.
Date paid	Amount paid	State of payments Date paid	Amount paid
	State/local income tax balance	ce due for previous years paid in 2019):
State/local estima	te payment for 2018, due January 15, 2	2019, paid on or after January 1, 2019	: