

## 20\_\_ FARM CHECKLIST

**Farm Name/Address** \_\_\_\_\_

**Did you make any payments that require 1099s, and were they filed?** \_\_\_\_\_

**Income:**      Sale of purchase livestock & other resale items: \_\_\_\_\_  
Cost of purchased livestock or other items from above sales: \_\_\_\_\_  
Sale of livestock & products raised: \_\_\_\_\_  
Co-op Distributions (form 1099-PATR): \_\_\_\_\_  
Agricultural program payments (form 1099-G): \_\_\_\_\_  
Other gross income: \_\_\_\_\_

### **Auto Expenses:**

Make/model of Vehicle \_\_\_\_\_

Farm Miles Driven \_\_\_\_\_      Personal Miles Driven \_\_\_\_\_

### **IF DEPRECIATING VEHICLE:**

Auto expenses Totals Per Depreciated Vehicle: (Gas/Oil/Repairs/Insurance) \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_

### **Expenses:**

Chemicals: \_\_\_\_\_

Repairs: \_\_\_\_\_

Contract Labor: \_\_\_\_\_

Seeds & Plants: \_\_\_\_\_

Feed: \_\_\_\_\_

Storage & Warehousing: \_\_\_\_\_

Fertilizers & Lime: \_\_\_\_\_

Supplies: \_\_\_\_\_

Freight & Trucking: \_\_\_\_\_

Business Taxes & Licensing: \_\_\_\_\_

Equipment Fuel & Oil: \_\_\_\_\_

Property Taxes: \_\_\_\_\_

Insurance (business, not auto): \_\_\_\_\_

Utilities: \_\_\_\_\_

Mortgage Interest: \_\_\_\_\_

Vet, Breeding & Medicine: \_\_\_\_\_

Other Interest: \_\_\_\_\_

Legal & Prof Fees: \_\_\_\_\_

Rent (vehicles, machine, equip): \_\_\_\_\_

Small Tools & Equip: \_\_\_\_\_

Other Rent (land, animals, etc.): \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Farm Assets Purchased over \$2500 (Include purchase docs):**

Description: \_\_\_\_\_

Price: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Description: \_\_\_\_\_

Price: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Description: \_\_\_\_\_

Price: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

### **Farm Assets Sold:**

Description: \_\_\_\_\_

Price: \_\_\_\_\_ Date Sold: \_\_\_\_\_

Description: \_\_\_\_\_

Price: \_\_\_\_\_ Date Sold: \_\_\_\_\_

### **Office Use of the Home (if actual separate space):**

Total square feet of Home/Shop: \_\_\_\_\_

Total square feet used for business: \_\_\_\_\_

Homeowner's Insurance: \_\_\_\_\_

Total Utilities: \_\_\_\_\_

Total Utilities: \_\_\_\_\_

Repairs/Maint of office/shop: \_\_\_\_\_