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THE ACCOUNTANT, LLC

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FARM INCOME TAX WORKSHEET

NAME: _____

YEAR: _____

**** Bring in ALL 1099's, government program forms received, and invoices of all purchases, trades and sales of fixed assets**

PART I: SALES OF PURCHASED LIVESTOCK AND OTHER ITEMS FOR RESALE. Do not include sales of live-stock held for breeding or dairy purposes. Report such sales in Part V.

Description	Amt. Rec.	Cost / Basis
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II: SALES OF RAISED LIVESTOCK, CROPS & MILK. Do not include sales of live-stock held for breeding or dairy purposes. Report such sales in Part V.

	Amount
Cattle	_____
Sheep	_____
Hogs	_____
Milk	_____
Corn	_____
Soybeans	_____
Wheat	_____
Sweet Corn	_____
Peas	_____
Sugar Beets	_____
Hay & Straw	_____
PIK (Commodity) Wages	_____
Other - Specify:	_____
_____	_____
_____	_____

PART III: OTHER FARM INCOME:

Patronage Dividends (include all 1099 PATR)	_____
_____	_____
_____	_____
Gov't Ag Programs (Include 1099-FSA)	_____
_____	_____
Hail/Crop Insurance Proceeds	_____
Received Current Year	_____
Deferred from Prior Year	_____
Custom Hire	_____
Hedging	_____
Other - Specify:	_____
_____	_____
_____	_____
Federal Gas Tax Credit - Prior Year	_____
Total Non-Highway Use Gallons	_____

PART IV: FARM EXPENSES - Do not include personal or living expenses not attributable to production of farm income.

Car & Truck Expenses:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Description	_____	_____	_____	_____
Gas / Fuel	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
License	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	_____	_____	_____	_____
Business %	_____	_____	_____	_____
Allowable	_____	_____	_____	_____

Chemicals	_____
Conservation Expenses	_____
Custom Hire / Casual Labor	_____
Health Insurance for Employees	_____

****Health Insurance for Owners****

Medical Reimbursement Plan (TASC)	_____
Feed Purchased	_____
Fertilizers & Lime	_____
Freight & Trucking	_____
Gas & Diesel Fuel (not for car/truck)	_____
Insurance (Other than Auto/Life/Health)	_____
Crop & Hail	_____
Property	_____
Less: House	_____
Net Insurance Expenses	_____

Interest	_____
Mortgage (1098 Received)	_____
Other	_____

Wages:	PIK	Cash	Total
Spouse	_____	_____	_____
Children	_____	_____	_____

Rent or Lease:	_____
Vehicles, Equipment	_____
Land, Buildings, Other	_____
Repairs & Maintenance	_____
Seeds & Plants	_____
Storage & Drying Charges	_____
Small Tools & Equipment - Under \$2,500	_____
Supplies Purchased	_____

Taxes:	_____
Real Estate Taxes - Total	_____
Less: Refund/Personal	_____
Net Business Taxes Paid	_____
Social Security Tax on Employees	_____

PART IV: CONTINUATION OF FARM EXPENSES - Do not include personal or living expenses not attributable to production of farm income.

Utilities:	<u>Total</u>	<u>Business %</u>			
Electricity	_____	_____	_____	Veterinary & Breeding Fees	_____
Telephone	_____	_____	_____	Meals for Employees	_____
Cell Phone	_____	_____	_____	Meals	_____
Internet	_____	_____	_____	Lodging & Travel	_____
LP Gas	_____	_____	_____	Farm Dues & Subscriptions	_____
				Education	_____
Other Expenses - Specify: _____				Legal & Accounting	_____
_____				Bank Charges	_____
_____				Office Expenses	_____

PART V: SALE OF PURCHASED & RAISED LIVESTOCK HELD FOR BREEDING OR DAIRY PURPOSES:

Date Sold	Description	Date Aquired	Amount Received	Original Cost	Depr. Taken	Gain or Loss

PART VI: SALE OF FARM REAL ESTATE AND EQUIPMENT:

Date Sold	Description	Date Aquired	Amount Received	Original Cost	Depr. Taken	Gain or Loss

PART VII: PURCHASES/ADDITIONS: ** (Bring in invoices of all purchased items this year) **

Date Aquired	Description	New or Used	Total Cost	Cash To Boot	Item Traded / Trade Value & Purchase Date

PART VIII: PURCHASED LIVESTOCK HELD FOR RESALE ON HAND AT YEAR END:

Date Aquired	Description	Quantity	Cost

PART X: CROP INSURANCE / DISASTER PAYMENTS

If you received crop insurance or USDA disaster payment proceeds in the current year, please complete the following: (include 1099)

Crop destroyed: _____	Crop destroyed: _____
Date of loss: _____	Date of loss: _____
Cause: _____	Cause: _____
Insurance Company: _____	Insurance Company: _____
Proceeds: _____	Proceeds: _____
Coverage Type: _____ Revenue or Crop Loss ?	Coverage Type: _____ Revenue or Crop Loss ?