

Name _____ Phone _____

Address _____

E-Mail _____

Personal Deductions		Rental Income/Expenses	
*** Personal Income		Rents Received	
***Interest Income		<i>Expenses:</i>	
<i>Expenses:</i>		Advertising	
Health Insurance		Business Miles	
Medical Expense:Doctors, Dentist,etc		Commissions	
Hospitals		Maintenance	
Medicine		***Mortgage Interest	
Real Estate Tax		Other Interest	
Vehicle Property Tax		Repairs	
***House Interest		Supplies	
Contributions		Taxes	
Union Dues		Utilities	
Tax Preparation Fee		Other:	
Uniforms			
Safe Deposit			
Unreimbursed Business Expenses			
Sales Tax			
Other:			
Business Income/Expenses		Farm Income/Expenses	
Sales/Income		Sales	
Purchases		****Agr. Program Payments	
Year End Inventory		Other Income	
<i>Expenses:</i>		<i>Expenses:</i>	
Advertising		Chemicals	
Auto Expense		Custom Hire	
Commissions/Fees		Feed Purchased	
Insurance		Fertilizer/Lime	
***Mortgage Interest		Freight/Trucking	
Other Interest		Gas/Fuel/Oil	
Legal/Professional Fees		Insurance	
Office Expense		***Mortgage Interest	
Rent/Lease		Other Interest	
Repairs/Maintenance		Rent/Lease Expense	
Supplies		Repairs	
Taxes/Licenses		Seeds/Plants	
Travel		Supplies	
Utilities		Taxes	
Wages		Utilities	
Miles Traveled		Veterinarian/Breeding	
Other:		Contract Labor	
		Miles Traveled	
		Professional Fees	
		Miscellaneous	
		Other:	
		Purchases & Sales: Use	Date: \$ Amt
		separate sheets	Date: \$ Amt

***Please bring all W-2's, 1099's, 1098's, etc. (tax documents received) With you to office!