

Farm Information

General Information

Employer Identification Number: _____

Did you materially participate in the farm?.....

YES

NO

Farm Income

	Amount
Sales of Livestock, etc. bought for resale	
Cost or basis of livestock, etc. bought for resale	
Sales of livestock, etc. you raised	
Total cooperative distributions	
Total agricultural program payments (other than CRP)	
Total conservation reserve program payments	
Commodity credit loans reported under election	
Total commodity credit loans forfeited or repaid	
Total crop insurance proceeds received	
Taxable crop insurance proceeds deferred	
Custom hire (machine work) income	
OTHER income	

Farm Expenses

	Amount		Amount
Car and truck expenses		Labor hired	
Chemicals		Pension and Profit sharing	
Conservation Expenses		Rent (vehicles, machinery, equipment)	
Custom Hire (machine work)		OTHER Rent	
Employee benefit programs		Repairs and maintenance	
Feed purchased		Seeds and plants purchased	
Fertilizers and lime		Storage and warehousing	
Freight and trucking		Supplies purchased	
Gasoline, fuel, and oil		Taxes	
Insurance (other than health)		Utilities	
Mortgage interest (paid to banks, etc.)		Veterinary, breeding, and medicine	
OTHER interest		OTHER expenses	

Farm Assets Purchase and Sales

Description	Date Purchased	Amount	Date Sold	Amount

Farm-Use Vehicle Information

Vehicle #1

Date Vehicle was first used for business purposes:		MAKE:	MODEL:	Year:
Beginning Odometer Reading:		Ending Odometer Reading:		
Business Miles :	Commuting Miles:	Personal Miles:		
Parking Fees and Tolls:				
Interest on Loans (Self-Employed only):				

CAR #2

Date Vehicle was first used for business purposes:		MAKE:	MODEL:	Year:
Beginning Odometer Reading:		Ending Odometer Reading:		
Business Miles :	Commuting Miles:	Personal Miles:		
Parking Fees and Tolls:				
Interest on Car Loans (Self-Employed only):				

Vehicle – Deductible Expenses

(There are two methods to figure deductible expenses: Standard mileage rate or actual expenses. If you plan on using the standard mileage rate you DO NOT have to complete the actual expenses.)

ACTUAL EXPENSES

	Amount
Cost of Vehicle	
License	
Gas	
Oil	
Lease Payment	
Insurance	
Garage Rent	
Repairs	
Tires	

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have evidence to support these deductions?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| --If Yes, Is the evidence in writing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was your vehicle available for personal use?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was there another vehicle available for personal use?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have an employer-provided vehicle that is available for personal use?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you Sell, Trade-in, or dispose of your vehicle this year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Dispose <input type="checkbox"/> Trade-in <input type="checkbox"/> Sell <input type="checkbox"/> | | |
| 6. Were you reimbursed by your employer for your auto expenses?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| --If Yes, Was the reimbursement included on your Form W-2?..... | <input type="checkbox"/> | <input type="checkbox"/> |