\*\*Bring in all 1099's, Interest Paid, and any other information to accurately prepare this statement. Employer ID #, if any:\_\_\_\_\_ Principal Activity Code:\_\_\_\_\_ TOTAL MEDICAL INSURANCE PREMIUMS PAID IN 2015? Did you make any payments in 2015 that require a 1099? Yes No If yes, did you or will you file all required Form 1099's? Yes No **SALE OF LIVESTOCK PURCHASED FOR RESALE:** Sale Price Purchase Price (include death loss) Purchased Feeder Cattle Purchased Feeder Hogs NET PROFIT FROM SALES: \$ SALE OF RAISED GRAINS, LIVESTOCK, ETC. **CORN** (Total) (Taxable) DAIRY (MILK) PATRONAGE DIVIDENDS HAY & STRAW **SOYBEANS** CATTLE (fats/feeders) SUBTOTAL: \$ \_\_\_\_ SWINE (fats/feeders) WHEAT OTHER GRAINS FSA PAYMENTS (Form 1099) \*CCC LOANS (Income basis only) CCC LOANS FORFEITED in 2015 **CROP INS RECEIVED IN 2015** MACHINE HIRE (CUSTOM) \_ ELECTION TO DEFER TO 2016 DATE OTHER INCOME: STATE GAS REFUND CROP FEDERAL GAS REFUND CAUSE RENT: BUILDINGS CROP INS DEFERRED FROM 2014 LAND PASTURE SUBTOTAL: \$ SUBTOTAL: \$ \_\_\_\_ TOTAL FARM INCOME \$

## \*NOTE: Please round all figures to nearest dollar!

	UTILITIES:						
CHEMICALS	TELEPHONE/INTERNET						
CUSTOM HIRE (Machine Hire)	CELLULAR PHONE						
EMPLOYEE BENEFITS	PROPANE						
(Other than Pension or Profit Sharing)	WATER						
FEED PURCHASED	ELECTRICITY						
FERTILIZER PURCHASED	SUBTOTAL						
FREIGHT & TRUCKING	(minus)PERSONAL USE ( )						
GAS/OIL/DIESEL FUEL	TOTAL DEDUCTIBLE UTILITES						
INSURANCE Farm	VET, MEDICINE/BREEDING FEES						
Crop							
*(minus)PERSONAL USE	VEHICLE EXPENSES:						
TOTAL DEDUCTIBLE INSURANCE	Auto Pickup Truck						
	Total Miles						
INTEREST (Mortgage per 1098)	Farm Miles						
	% Farm						
	Lease Ex						
TOTAL MORTGAGE INTEREST	Gas/Oil						
	Repairs						
OTHER INTEREST:	Insurance						
	Taxes						
	Interest						
	Total						
	Farm %						
TOTAL OTHER INTEREST	Farm Use						
	TOTAL FARM VEHICLE EXPENSE						
LABOR HIRED: W-2 employees only							
(Wages to Spouse & Children 18 yrs or	OTHER EXPENSES:						
older are subject to Social Security taxes)	Meals & Entertainment						
SPOUSE	Tax/Accounting Services						
CHILDREN	Farm Papers & Journals						
OTHER	Farm Dues						
TOTAL FARM LABOR	Irrigation Power & Ex						
PENSION & PROFIT SHARING	Marketing/Promotions						
LEASE MACHINERY 26a	FSA Repayments FSA Fees/Assessments						
RENT FARM & PASTURE 26b	Office Expense						
REPAIRS & MAINTENANCE	Banking Expenses						
SEED CORN & BEANS, etc	Outside Labor						
FARM STORAGE	Outside Labor						
FARM SUPPLIES	<del></del>						
	<del>_</del>						
TAXES:							
Real Estate							
*(minus) House ( )	TOTAL OTHER EXPENSE						
Personal Property	TOTAL FARM EXPENSES \$						
TOTAL DEDUCTIBLE TAXES	TO TAL LAMPI LAI ENGLO \$						
ΙΟΙΛΕ ΦΕΦΟΟΙΙΦΕΕ ΙΑΛΕΣ	477						

\*House insurance & house taxes are nondeductible farm expenses. Contact your insurance agent & county assessor for the correct amounts that are deductible for farm use.

## **FARM WORKSHEET**

## MAJOR FARM PURCHASES & MACHINERY & BREEDING

SAL	E OF PUR	CHASED EQUIPMENT AND BREEDI		CK (	(from Depre	ciation Sche	dule)				
	DESCRIPTION OF ITEMS		DATE ACQUIRE	. n	DATE SOLD	SALE PRICE	LESS: DEPRECIATION		COST or TAX BASIS		GAIN/LO
			ACQUINI	ענ			DEI	RECIATION	177	Y DASIS	
				_					<u> </u>		
				$\dashv$							
		SALES OF RAISED BREEDING LIVE	STOCK:								
	DESCRIPTION OF ITEM		# OF HEAD		PPROXIMATE ATE OF BIRTH	DATE SO	LD	SALE PRIC			
	IPMENT	PURCHASES & BREEDING LIVESTO	DEK PURCHAS DATE	SES:	CASH PAID	ITEM (#)	BASI	S OF ITEM TRAI	DED		
N/U		DESCRIPTION OF ITEMS	PURCHAS	ED		TRADED	(office use only)			NE'	W BASIS
				_					$\dashv$		
									_		
				_					$\dashv$		
									$\dashv$		
									$\dashv$		
				_					$\dashv$		
			1 1 5		D.						
		GASOLINE FUEL CREDIT (Do not include Diese			GALLONS	GALLON	IS TOTAL		$\neg$		
	NAME OF DEALER			JAN-JUNE	JULY-DEC		GALLONS				
_											
		Be prepared to provide the <u>T</u>	Type of Equir	me	ent. Make/Mo	l odel. Year. aı	nd Ho	rsepower.	_		
		red by law to keep records that will e Il receipts, canceled checks and other	nable you to p	prep	oare a comple	ete and accura		_	rn.		
The	enclosed	information is correct and includes a	ll income and	exp	enses for this	s return.					
		Taxpayer's Signature					Date				
		raxpayer's signature					vale				