| Employer ID #, if any: TOTAL MEDICAL INSURAN | CE PREMIUMS PA | Principal Activity Code: AID IN 2020? \$ | | _ |
|---|----------------|---|------------------|-----------|
| Did you make any payments If yes, did you or will you file | Yes Yes | No No | | |
| SALE OF LIVESTOCK PURC Purchased Feeder Cattle Purchased Feeder Hogs | Sale Price | Purchase Price (include death loss) | | |
| | | M SALES: \$ | | |
| SALE OF <u>RAISED</u> GRAINS, I CORN DAIRY (MILK) HAY & STRAW | JVESTOCK, ETC. | PATRONAGE DIVIDENDS | (Total) | (Taxable) |
| SOYBEANS CATTLE (fats/feeders) SWINE (fats/feeders) WHEAT OTHER GRAINS | | SUBTOTAL: \$ FSA PAYMENTS (Form 1099) | | |
| | | *CCC LOANS (Income basis only) CCC LOANS FORFEITED in 2020 | | |
| MACHINE HIRE (CUSTOM) OTHER INCOME: STATE GAS REFUND FEDERAL GAS REFUND RENT: BUILDINGS LAND | | CROP INS RECEIVED IN 2020 ELECTION TO DEFER TO 202 DATE CROP CAUSE CROP INS DEFERRED FROM 2019 | 21 - - | |
| PASTURE | | SU | IBTOTAL: \$ | |
| SURTOTAL . ¢ | | ΤΟΤΑΙ ΕΛΡΜ | 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 |
| (<u></u> | % Farm |
| | |
| TOTAL MODIFICACE METERS | Lease Ex |
| TOTAL MORTGAGE INTEREST | Gas/Oil |
| | Repairs |
| OTHER INTEREST: | Insurance |
| | Taxes |
| | Interest |
| | Total |
| | Farm % |
| TOTAL OTHER INTEREST | Farm Use |
| A ADOD WIDED AND A | TOTAL FARM VEHICLE EXPENSE |
| LABOR HIRED: W-2 employees only | OTHER EVDENCEC. |
| (Wages to Spouse & Children 18 yrs or | OTHER EXPENSES: |
| older are subject to Social Security taxes) SPOUSE | Meals & Entertainment Tax/Accounting Services |
| | |
| CHILDRENOTHER | Farm Papers & Journals Farm Dues |
| TOTAL FARM LABOR | Irrigation Power & Ex |
| TOTAL TARM ENDOR | Marketing/Promotions |
| PENSION & PROFIT SHARING | FSA Repayments |
| LEASE MACHINERY | FSA Fees/Assessments |
| RENT FARM & PASTURE | Office Expense |
| REPAIRS & MAINTENANCE | Banking Expenses |
| SEED CORN & BEANS, etc | Outside Labor |
| FARM STORAGE | |
| FARM SUPPLIES | |
| TAVEC | |
| TAXES: | |
| Real Estate | TOTAL OTHER EVERNOR |
| *(minus) House () Payroll | TOTAL OTHER EXPENSE |
| Personal Property | TOTAL FARM EXPENSES \$ |
| TOTAL DEDUCTIBLE TAXES | |
| 101111 222 00111211 11111110 | *11 |

*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

| | | DESCRIPTION OF ITEMS | DATE | DATE SOLD | SALE PRICE | LESS: | | COST or | | GAIN/LO |
|-------|----------|--|------------------|------------------|--------------------|----------|-------------------------------------|---------|-------|---------|
| | | | ACQUIRE |) | | DEP | RECIATION | TAX E | BASIS | , |
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| | | | | | | | | | | |
| | | SALES OF RAISED BREEDING LIVE | STOCK. | | | | | | | |
| | | DESCRIPTION OF ITEM | # OF | APPROXIMATE | DATE CO | LD | SALE PRIC | CE. | | |
| | | DESCRIPTION OF ITEM | HEAD | DATE OF BIRTH | DATE SO | ГЛ | SALE PRI | JE. | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| EQUI | PMENT | PURCHASES & BREEDING LIVESTO | | | _ | r | | | | |
| N/U | | DESCRIPTION OF ITEMS | DATE PURCHASE | CASH PAID OUT | ITEM (#) TRADED | | S OF ITEM TRAI (office use only) | DED | NE | W BASIS |
| | | | PURCHASE | טט טט | IKADED | <u> </u> | torrice use only) | | | |
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| | | | | | | | | | | |
| | | GASOLINE FUEL CREDIT (Do not i | nclude Diesel | Fuel) | | | | | | |
| | | | ilciuuc Diesei | GALLONS | GALLON | IS | TOTAL | | | |
| | | NAME OF DEALER | | JAN-JUNE | JULY-DE | C | GALLON | S | | |
| | | | | | | | | | | |
| | | De managed to manifel the C | F F | | adal Vass s | | | | | |
| | | Be prepared to provide the | | | | | | | | |
| | | red by law to keep records that will e | | | | ate in | come tax retu | ırn. | | |
| Pleas | е кеер а | ll receipts, canceled checks and other | proof of amou | ints claimed as | deductions. | | | | | |
| The e | nclosed | information is correct and includes a | ll income and | expenses for thi | is return. | | | | | |
| - | | | | | | | | | | |
| | | m I G | | | | ъ : | | | | |
| | | Taxpayer's Signature | | | | Date | | | | |