

Farm Tax Worksheet

<p>Income:</p> <p>Sales of Livestock Bought for Resale _____</p> <p>Sales of Livestock & products you raised _____</p> <p>Government Payments _____</p> <p style="padding-left: 20px;">Soil Bank Payments _____</p> <p style="padding-left: 20px;">Agricultural Program Payments _____</p> <p>Commodity Certificates _____</p> <p>Crop Insurance Proceeds _____</p> <p>Custom Hire (Machine Work) Income _____</p> <p>Other Farm Income _____</p> <p style="padding-left: 20px;">Gas Tax Refunds _____</p> <p style="padding-left: 20px;">Co-op Dividends _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Expenses:</p> <p>Breeding Fees _____</p> <p>Chemicals _____</p> <p>Conservation _____</p> <p>Feed _____</p> <p>Fertilizer _____</p> <p>Freight & Trucking _____</p> <p>Gasoline, Fuel & Oil _____</p> <p style="padding-left: 40px;">Gas Gallons _____ Cost _____</p> <p style="padding-left: 40px;">Fuel Gallons _____ Cost _____</p> <p style="padding-left: 40px;">Oil Gallons _____ Cost _____</p> <p>Farm Insurance _____</p> <p>Interest _____</p> <p>Machine Hire _____</p> <p>Rent of Farm Land or Pasture _____</p> <p>Repairs & Maintenance _____</p> <p>Seeds _____</p> <p>Storage & Warehousing _____</p> <p>Taxes _____</p> <p>Supplies _____</p> <p>Utilities & Telephone _____</p> <p>Veterinary Fees & Medicine _____</p> <p>Miscellaneous _____</p> <p>Extra Expenses</p> <p>Small Truck & Auto Expenses:</p> <p style="padding-left: 20px;">Odometer Reading: 01/01/08 _____</p> <p style="padding-left: 20px;">Odometer Reading: 12/31/08 _____</p> <p style="padding-left: 20px;">Total Business Miles _____</p> <p style="padding-left: 40px;">January 1 to June 30, 2008 _____</p> <p style="padding-left: 40px;">July 1 to December 31, 2008 _____</p> <p style="padding-left: 20px;">Do you have evidence to support your deduction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 20px;">Is the evidence written? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																				
<p>Cost or Other Basis of Livestock & Other Items Purchased for Resale</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Price</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Item	Date	Price	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Sales of Machinery & Equipment</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item</th> <th style="width: 20%;">Date Sold</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Item	Date Sold	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Item	Date	Price																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
Item	Date Sold	Amount																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
<p>Do You Have Employees? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross Wages _____</p> <p>Payroll Taxes _____</p> <p style="padding-left: 20px;">FICA _____</p> <p style="padding-left: 20px;">M-Care _____</p> <p style="padding-left: 20px;">FUTA _____</p> <p style="padding-left: 20px;">Oh - Unemployment _____</p> <p style="padding-left: 20px;">BWC _____</p>	<p>List Major Purchases (Equipment, Land or Livestock)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Item</th> <th style="width: 20%;">Purchase Date</th> <th style="width: 20%;">Purchase Price</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Item	Purchase Date	Purchase Price	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____									
Item	Purchase Date	Purchase Price																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
_____	_____	_____																																			
<p>Do you provide your own Medical Insurance Coverage?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="padding-left: 20px;">Amount _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																				