

FARMERS WORKSHEET
(Please bring both copies to tax appointment)

Year: _____

Name: _____

Spouse: _____

Address: _____

Date of Birth _____

Social Security # _____

Spouse Date of Birth _____

Social Security # _____

Dependent Child _____ DOB _____ Social Security # _____

Dependent Child _____ DOB _____ Social Security # _____

Dependent Child _____ DOB _____ Social Security # _____

Dependent Child _____ DOB _____ Social Security # _____

Dependent Child _____ DOB _____ Social Security # _____

Phone # _____ Cell # _____ School Dist. _____

PART I FARM INCOME:

**SALE OF PURCHASED FEEDER LIVESTOCK
OTHER THAN BREEDING STOCK:**

Amt Rec'd	Purchase Price
Cattle _____	_____
Hogs _____	_____
Other _____	_____

SALE OF LIVESTOCK & PRODUCT RAISED

Calves-Head # _____	_____
Dairy Products _____	_____
Grain & Sunflowers _____	_____
Hay _____	_____
Patronage Dividends _____	_____
(Attach 1099s)	
ASCS Payments (ALL) _____	_____
CCC-Grain Loans _____	_____
Crop Insurance _____	_____
Machine Work _____	_____
State Gas Tax Refund _____	_____
Other _____	_____

PART II FARM DEDUCTIONS:

Chemicals _____	_____
Custom Machine Hire _____	_____
Feed Purchased _____	_____
Fertilizer & Lime _____	_____
Freight, Trucking _____	_____
Gasoline/Fuel/Oil _____	_____
Insurance _____	_____
Interest Expense (ALL) _____	_____
Labor Hired _____	_____
Rent of Machinery _____	_____
Rent of Farm/Pasture _____	_____
Repairs/Maintenance _____	_____
Seeds/Plants Purchased _____	_____
Storage/Warehousing _____	_____
Supplies Purchased _____	_____
Taxes (<u>not</u> income tax) _____	_____
Utilities _____	_____
Vet/Medicine/Breeding _____	_____
Other Expenses: _____	_____

DO NOT WRITE IN THIS AREA

Med. Ins.	\$(_____)	
S/S	(_____)	Tax \$ _____
Farm Inc.	_____	S/S _____
_____	_____	Credits _____
_____	_____	State _____
_____	_____	Total \$ _____
_____	_____	
_____	_____	
_____	_____	
AGI	_____	
Std. Ded.	_____	
Exempt	_____	
Tax. Inc.	\$ _____	

