

In 2018, tax law changes went into effect that drastically change the way equipment trades are handled on your tax return. We need to know the **full** purchase price of any equipment purchased, as well as the **trade in allowance** you received. You may fill in the bottom of page 2 of this worksheet, or you can provide us with a copy of the purchase agreement.

GRAIN ON HAND \$ \_\_\_\_\_  
 DEFERRED PAYMENTS \$ \_\_\_\_\_

DATE \_\_\_\_\_

**FARMERS WORKSHEET**  
 (Please bring both copies to tax appointment)

Name: \_\_\_\_\_  
 Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_

**WE ARE REQUIRED TO OBTAIN A CURRENT COPY OF YOUR DRIVERS LICENSE**

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Spouse Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name of Child born in current yr. \_\_\_\_\_ DOB \_\_\_\_\_ M/F Social Security # \_\_\_\_\_  
**Did you make any estimated payments? Y/N (List on page 2)**  
**Did you have Health Insurance all year? Y/N**  
**Have received tax forms from your investments? Y/N/NA (Edward Jones, Raymond James)**

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ School Dist. \_\_\_\_\_

PART I FARM INCOME:

SALE OF PURCHASED FEEDER LIVESTOCK  
 OTHER THAN BREEDING STOCK:

	Amt Rec'd	Original Cost
Cattle	_____	_____
Other	_____	_____

SALE OF LIVESTOCK & PRODUCT RAISED

Calves-Head #	_____	_____
Dairy Products	_____	_____
Grain & Sunflowers	_____	_____
State Gas Refund	_____	_____
Patronage Dividends	_____	_____
Machine Work	_____	_____
ASCS Payments	_____	_____
CCC-Grain Loans	_____	_____
Crop Insurance	_____	_____
Other	_____	_____
_____	_____	_____
_____	_____	_____

PART II FARM DEDUCTIONS:

Chemicals	_____
Custom Machine Hire	_____
Feed Purchased	_____
Fertilizer & Lime	_____
Freight, Trucking	_____
Gasoline/Fuel/Oil- <u>farm only</u>	_____
Insurance	_____
Interest Expense	_____
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- <u>farm share only</u>	_____
Vet/Medicine/Breeding	_____
AgPlan/BizPlan Exp	_____
USDA payback	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**DO NOT WRITE IN THIS AREA**

Med. Ins.	\$(_____)	
S/S	(_____)	Tax \$ _____
Farm Inc.	_____	S/S _____
W2	_____	Med _____
Int/Div	_____	Credits _____
_____	_____	State _____
_____	_____	Total \$ _____
_____	_____	
_____	_____	
AGI	_____	
Std. Ded.	_____	
199A Ded.	_____	
Tax. Inc.	\$_____	

