

NAME:

MACHINERY PURCHASED DURING 2019

Item	Traded (Yes or No) (If Yes For What)	(N)ew or (U)sed	Cost or Boot	Date of Purchase
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Grain bins purchased _____

Buildings built in **2019** (include cost of material and labor) _____

BREEDING STOCK PURCHASED DURING THE YEAR

Item	Cost	Date of Purchase
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT!

Did you, your spouse, and dependents have health insurance coverage for the entire 2019 year?
Please Circle YES NO

Did you purchase your health insurance thru the "Market Place"
If the answer is yes, please bring in Form 1095-A
Please Circle YES NO

The information on this form is needed before we can complete your tax return.

Cost of Health Insurance Premiums if you are self-employed _____

Cost Nursing home insurance premiums _____

Medicare premiums withheld (from SS-1099) _____

Spouse's (from SS-1099) _____

62 Total _____

PLEASE COMPLETE BOTH SIDES

Your Contribution to a deductible IRA Plan (not Roth) _____

Your Spouse's Contribution to a deductible IRA Plan (not Roth) _____

Your contribution to a Keogh Plan _____

Contributions to Roth or 401k Plan _____

Did you or someone else pay tuition (not room and board) to a college for a dependent child _____

This includes student loans paid to the institution)

The information should be listed on a 1099-T. Please bring the form and a statement from the school showing tuition and expenses paid