

*******2020***** FARM INCOME AND EXPENSE**

Do not include any amounts from farms you rent out.
(Please disregard all numbers, they are used for computer input only.)

Name _____ County _____ School Dist. Name _____
Your Birth Date _____ Spouse's Birth Date _____
E-Mail _____ Phone # _____

INCOME

Raised cattle sold (calves) _____ (No Cows)
All grain and hay sold _____
Total Raised Products Sold 17 _____
Patronage distributions (bring in 1099's) 18/19 _____
Agricultural Program Payments (bring in 1099's) 20/21 _____
CCC Loans taxable 24 _____
Total Crop Insurance proceed 25/26 _____
_____ Defer to 2021
Crop Insurance deferred from 2019 28 _____
Custom Hire you have done 29 _____
Miscellaneous farm income 30 _____

Purchased Livestock Sold

Received

Cost

Cattle purchased for resale 15 _____ 16 _____
(Include in cost only those sold)

Raised Breeding Stock Sold

Date sold

Amount Received

Raised Cows (Part 1, 4797) _____

Purchased Breeding Stock Sold

Date sold

Date Purchased

Received Cost

Cows (held over 2 years)	_____	_____	_____	_____
Cows (held less than 2 years)	_____	_____	_____	_____
Bulls (held over 2 years)	_____	_____	_____	_____
Bulls (held less than 2 years)	_____	_____	_____	_____

OFF FARM INCOME

Interest income (Bring in all banks 1099s sent to you) _____
Stock Dividends _____
Any other income (also bring in statements from tax-exempt interest) _____

MISCELLANEOUS NOTES:

*****PLEASE COMPLETE EXPENSES ON OTHER SIDE*****

EXPENSES

35	_____	Chemicals
36	_____	Conservation Exp. (New work, not repairs of existing)
37	_____	Custom Hire
41	_____	Feed
42	_____	Fertilizer and Lime
43	_____	Freight and Trucking
44	_____	Gas, Diesel, and Oil (No car or house fuel)
45	_____	Farm Insurance (Blanket, liability, & crop)
		<u>NO</u> house life health
46	_____	Interest paid on Real Estate Loans
47	_____	Interest paid on other farm notes
48	_____	Labor
50	_____	Rent, Machinery & Equipment
51	_____	Rent, Other
52	_____	Repairs & Maint.. (Total of build & machinery rep)
53	_____	Seed
54	_____	Storage
55	_____	Supplies
56	_____	Taxes (No income, sales or house taxes)
57	_____	Utilities (Total electric & Telephone)
58	_____	Vet Expense (Total vet, breeding, & meds)
	_____	Farm use of Auto (Fuel, taxes, repairs, ins. etc.)
	_____	Other Expenses _____
	_____	_____
	_____	_____
	_____	_____

Did you, your spouse and your dependents have health insurance the entire 2020 year?

Please Circle YES NO

If yes, did you purchase your health insurance thru the “market place”? YES NO

If yes, you will need information from Form 1095-A which will be sent to you.
This information 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) _____
Total _____

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 _____

Quarterly estimates made to federal _____

Quarterly estimates made to state _____