

**PLEASE ROUND ALL INCOME AND EXPENSES TO THE NEAREST DOLLAR**

A. \_\_\_\_\_ B. \_\_\_\_\_ C.  Cash D. Employer I.D. # \_\_\_\_\_ E. Yes  No

**F A R M I N C O M E**

<b>Sale of Purchased Feeder Stock (cattle, swine &amp; other stock)</b>				
Kind	Date Sold	Sale Price	Date Purch	Cost
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
<b>Totals</b>		\$ _____		\$ _____
<b>Profit</b>				\$ _____

**Sale of Livestock, Grains, and other products raised**

Dairy, breeding or draft livestock such as cows, bulls, ewes, horses (enter on front page)

Calves and feeders (raised—no cows) ..... \$ \_\_\_\_\_

Lambs and sheep (raised) ..... \$ \_\_\_\_\_

Butcher hogs and feeder pigs (raised) .... \$ \_\_\_\_\_

Poultry ..... \$ \_\_\_\_\_

Dairy products ..... \$ \_\_\_\_\_

Grains (wheat, barley, oats, corn, etc.) ... \$ \_\_\_\_\_

Hay and straw ..... \$ \_\_\_\_\_

Miscellaneous ..... \$ \_\_\_\_\_

**Total raised products** ..... \$ \_\_\_\_\_

Patronage dividends and per unit retained (bring statements) ..... \$ \_\_\_\_\_

Less nonincome items ..... \$ \_\_\_\_\_

**Net patronage dividends and per units retained** ... \$ \_\_\_\_\_

Agricultural program payments:

a. Cash (bring statement) \$ \_\_\_\_\_ taxable \$ \_\_\_\_\_

Commodity credit loans under elections ..... \$ \_\_\_\_\_

CCC loans forfeited or repaid with certs \$ \_\_\_\_\_ taxable \$ \_\_\_\_\_

Crop insurance and hail insurance proceeds (Bring in 1099) \$ \_\_\_\_\_ taxable \$ \_\_\_\_\_

Deferred to \_\_\_\_\_ Check  ..... amount deferred from last year \$ \_\_\_\_\_

Custom work, etc. .... \$ \_\_\_\_\_

Federal gasoline tax credit ..... \$ \_\_\_\_\_

State gasoline tax refund ..... \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total** ..... \$ \_\_\_\_\_

**Gross Income** ..... \$ \_\_\_\_\_

**F A R M E X P E N S E S**

	Vehicle 1	Vehicle 2	Vehicle 3
<b>Car &amp; Pickup Operating Expenses</b>			
Gas, oil, grease & anti-freeze... \$ _____	\$ _____	\$ _____	\$ _____
Repairs, tires, batteries, etc. .... \$ _____	\$ _____	\$ _____	\$ _____
Insurance, interest ..... \$ _____	\$ _____	\$ _____	\$ _____
License ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Totals</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
Or (optional)			
Mileage (end of year) ..... _____	_____	_____	_____
Mileage (start of year) ..... _____	_____	_____	_____
Mileage (this year) ..... _____	_____	_____	_____
_____ % personal use .... \$ _____	\$ _____	\$ _____	\$ _____
Vehicle farm share ..... \$ _____	\$ _____	\$ _____	\$ _____
Truck operating expense ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Total vehicle expense</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Chemicals</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Conservation expense</b> (plus Form 8645) ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Custom hire</b> (baling, combining, corn picking, etc.) .. \$ _____	\$ _____	\$ _____	\$ _____
<b>Depreciation</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Employee benefit programs</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Feed purchased</b> (hay, grain, etc./grinding & mixing) . \$ _____	\$ _____	\$ _____	\$ _____
<b>Fertilizer, lime</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Trucking and freight</b> ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Gas, fuel, lubrication oil &amp; grease</b> (tractor/equip. only). \$ _____	\$ _____	\$ _____	\$ _____
<b>Insurance</b> (do not include car, pickup or medical)			
Hail and crop insurance ..... \$ _____	\$ _____	\$ _____	\$ _____
Farm liability insurance ..... \$ _____	\$ _____	\$ _____	\$ _____
Fire and wind ..... \$ _____	\$ _____	\$ _____	\$ _____
Less for house ..... \$ ( _____ )	\$ _____	\$ _____	\$ _____
Farm share ..... \$ _____	\$ _____	\$ _____	\$ _____
<b>Interest paid on farm mortgage obligations to financial institutions:</b> (Do not include house—should match Form 1098) .... \$ _____	\$ _____	\$ _____	\$ _____
Interest paid on other farm obligations ..... \$ _____	\$ _____	\$ _____	\$ _____
Labor hired (should match W2s) ..... \$ _____	\$ _____	\$ _____	\$ _____
Pension and profit sharing ..... \$ _____	\$ _____	\$ _____	\$ _____

Rent or lease farm vehicles, machinery ..... \$ \_\_\_\_\_

Rent or lease of farm land, animals, etc. .... \$ \_\_\_\_\_

Repairs to farm machinery, buildings, fences, etc. .... \$ \_\_\_\_\_

Seed and plants (corn, beans, etc./cleaning & treating) \$ \_\_\_\_\_

Storage, warehousing ..... \$ \_\_\_\_\_

Supplies (small tools, shovels, filters, rope, etc.) ..... \$ \_\_\_\_\_

**Taxes**

Real Estate (farm only) ..... \$ \_\_\_\_\_

Soc. Sec. tax paid on employees ..... \$ \_\_\_\_\_

Miscellaneous taxes ..... \$ \_\_\_\_\_

**Total taxes** ..... \$ \_\_\_\_\_

**Water** (total for year) ..... \$ \_\_\_\_\_

**Electricity** (total for year) ..... \$ \_\_\_\_\_

Total paid (water & electricity) ..... \$ \_\_\_\_\_

Less \_\_\_\_\_ % for personal use ..... \$ \_\_\_\_\_

Farm share (water & electricity) ..... \$ \_\_\_\_\_

**Telephone** (extra business rates and long distance only) ..... \$ \_\_\_\_\_

Utilities (farm share of water, electricity, phone) ..... \$ \_\_\_\_\_

**Veterinary fees, breeding, medicine** ..... \$ \_\_\_\_\_

Accounting and legal ..... \$ \_\_\_\_\_

Advertising ..... \$ \_\_\_\_\_

CCC loans repurchased bu. .... \$ \_\_\_\_\_

Groceries purchased for paid hired help ..... \$ \_\_\_\_\_

Farm organization dues ..... \$ \_\_\_\_\_

Repayment of prior years ASCS payment ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

a. .... \$ \_\_\_\_\_

b. .... \$ \_\_\_\_\_

c. .... \$ \_\_\_\_\_

d. .... \$ \_\_\_\_\_

e. .... \$ \_\_\_\_\_

**Total expenses** ..... \$ \_\_\_\_\_

**Net Farm Profit (or loss)** ..... \$ \_\_\_\_\_

Do you have amounts for which you are not at risk?.. Yes  No

Does Form 1099 need to be filed? ..... Yes  No

Have you refinanced loans where the interest has been added to the note? ..... Yes  No

Did you have any loans reduced or forgiven? ..... Yes  No

Are you interested in Bookkeeping Service? ..... Yes  No

# FARM WORKSHEET YEAR: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Children's Names, Other Exemptions, dates of birth, & Soc. Sec. # \_\_\_\_\_

Taxpayer's Social Security # \_\_\_\_\_  
 Spouse's Social Security # \_\_\_\_\_  
 Taxpayer Presidential Fund ..... Yes  No   
 Spouse Presidential Fund ..... Yes  No

### Adjustments to Income

IRA payments ..... Spouse \$ \_\_\_\_\_ Taxpayer \$ \_\_\_\_\_  
 Moving expense ..... \$ \_\_\_\_\_  
 Keogh or SEP Payments ..... \$ \_\_\_\_\_  
 Forfeited Interest ..... \$ \_\_\_\_\_  
 Student loan interest paid (bring in form 1098G) ..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_

### Credits

Child Care paid (bring Form W-10) ..... \$ \_\_\_\_\_  
 Education credits (bring in form 1098T) ..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_

### Medical Expenses & Deductions

Health Insurance Premiums ..... \$ \_\_\_\_\_  
 Medicine ..... \$ \_\_\_\_\_  
 Doctors ..... \$ \_\_\_\_\_  
 Mileage or transportation ..... \$ \_\_\_\_\_  
 Glasses, x-ray, etc. .... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_  
 Medicine reimbursement ..... \$ \_\_\_\_\_  
 Doctor & others reimbursement ..... \$ \_\_\_\_\_

### Taxes & Interest Personal

Real property taxes (home) ..... \$ \_\_\_\_\_  
 State income tax ..... \$ \_\_\_\_\_  
 Personal interest paid home (bring Form 1098) ..... \$ \_\_\_\_\_  
 Investment interest paid ..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_

### Contributions

Paid to church ..... \$ \_\_\_\_\_  
 To others ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total ..... \$ \_\_\_\_\_

Federal estimated taxes paid ..... \$ \_\_\_\_\_  
 State estimated taxes paid ..... \$ \_\_\_\_\_  
 Nonhighway Gas Jan. 1 \_\_\_ to Dec. 31 \_\_\_ # of gallons \_\_\_\_\_

Questions to ask Tax Preparer:

### Personal Income

Wages (bring W-2 Form) ..... \$ \_\_\_\_\_  
 Interest on government bonds (bring 1099) ..... \$ \_\_\_\_\_  
 Interest on mortgages, savings, CDs, etc. (bring 1099) \$ \_\_\_\_\_  
 Interest on tax exempt (bring 1099) ..... \$ \_\_\_\_\_  
 Interest forfeited ..... \$ \_\_\_\_\_  
 Corporation stock dividends (bring 1099) ..... \$ \_\_\_\_\_  
 Soc. Sec. benefits or railroad retirement (bring 1099) ... \$ \_\_\_\_\_  
 Oil lease rental or bonus, and oil royalties ..... \$ \_\_\_\_\_  
 Cash rent received (bring 1099) ..... \$ \_\_\_\_\_  
 Pensions (bring 1099) ..... \$ \_\_\_\_\_  
 Unemployment (bring 1099) ..... \$ \_\_\_\_\_  
 Gambling winnings ..... \$ \_\_\_\_\_  
 Miscellaneous ..... \$ \_\_\_\_\_

### Sale of Purchased or Raised Livestock (cattle, swine, sheep, horses) Used for Dairy, Breeding or Draft

Kind	Date Purch or Birth	Cost	Date Sold	Selling Price
		\$		
		\$		
		\$		
		\$		

### Sale of Machinery, Buildings, Land and Minerals

Kind	Date Purch or Birth	Cost	Date Sold	Selling Price
		\$		
		\$		
		\$		
		\$		

### Investments and Improvements

List all livestock, farm buildings constructed, farm machinery, tractors, equipment and car or truck purchases for use, the date of these purchases and their cost. List major improvements made. Give date of purchase and cost (if trade-in, state cash paid and date of trade). **Bring invoices.**

#### Additions to Depreciation Schedule

Machinery, Bldgs., Bldg. Improvements, Breeding Livestock or Dairy Herd	Kind of Property	Date of Purch.	Cost
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

#### Trade-Ins (bring invoices)

Kind of Old Machine and Date of Purchase	Kind of New Machine and Date of Purchase	Payment in addition to trade-in
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

I certify that this information is true and correct (sign and date): \_\_\_\_\_

**DAY CARE INCOME and EXPENSE WORKSHEET**

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME OF DAY CARE BUSINESS \_\_\_\_\_

ADDRESS (if different than your residence) \_\_\_\_\_

FEDERAL IDENTIFICATION NO. \_\_\_\_\_

**DAY CARE INCOME**

GROSS INCOME FROM DAY CARE ..... \$ \_\_\_\_\_ FEDERAL FOOD REIMBURSEMENT..... \$ \_\_\_\_\_

**SALES OF EQUIPMENT PARTIALLY OR TOTALLY DEDUCTED FROM INCOME IN THE PAST**

Kind of Property	Date Sold	Gross Sale Price	Sales Expense	Date Acquired	Cost

**OFFICE IN HOME - IF LICENSED**

Date Home Acquired	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage Used for Day Care	
No. of Days During Year Children Were in Your Care	
No. of Hours per Day *	Business %
If Hours Vary, Total of Hours for Year *	
Real Estate Taxes	
Mortgage Interest	
Casualty Loss	
Electricity	
Heat	
Insurance - General Policy	
- Day Care Rider	
Repairs/Maintenance - General	
- Because of Day Care	
Water/Sewer/Garbage/Cable TV	
Rent Paid - if you are a renter	
Other (specify)	

\* If your work hours are irregular, you may claim the hours that you advertise as business hours as long as you actually care for children all of those hours at least some days during the year.

Keep a daily log with "TIME IN" and "TIME OUT."

In addition to the hours spent on Day Care you may claim the time spent on Day Care related jobs such as:

- \_\_\_\_\_ cleaning up after children
- \_\_\_\_\_ food preparation
- \_\_\_\_\_ record keeping
- \_\_\_\_\_ planning and preparation
- \_\_\_\_\_ other (specify)
- \_\_\_\_\_ DAY CARE hours per day
- \_\_\_\_\_ TOTAL HOURS PER DAY

IN CASE OF AN AUDIT THESE RECORDS WILL BE REQUIRED.

If you operated your day care business out of more than one location - call for additional worksheet

**AUTO EXPENSE** - Keep records of mileage for Day Care meetings, shopping for supplies, groceries, banking, education, taking children home, to doctor, or to events, etc.

If you take expense on mileage basis complete lines 1 - 10	Auto 1	Auto 2	Auto 3	Auto 4
1. Year & Make of Auto(Bring in Purchase/Sales papers in year of purchase/sale)				
2. Date Purchased - Month, Date, Year				
3. Ending Odometer Reading - Dec. 31				
4. Beginning Odometer Reading - Jan. 1				
5. Total Miles Driven - Line 3 less Line 4				
6. Total Day Care Miles in Line 5 (Do you have evidence to support)				
7. Daily Round Trip Miles - if Day Care not in your home				
8. Parking and Tolls				
9. Licenses and Taxes (Not Sales Tax)				
10. Interest				
Continue below if you take actual expense. (Must use actual expense if ACRS/MACRS depreciation has been taken or if leasing.)				
11. Gasoline, Oil, Lube, Repairs, Tires, Batteries, Insurance, Supplies, Wash, Wax, Anti-freeze, etc.				
12. Lease (Fair Market Value at Time of Lease \$ _____)				
13. Other				

**BUSINESS EXPENSES cont.**

<b>ADVERTISING - PROMOTION</b> - Newspaper ads, business cards, Day Care tee shirts / sweatshirts	
<b>BANK CHARGES / OVERDRAFTS</b> - business account only - cost of printed checks, service charges.	
<b>CLOTHES</b> - for Day Care children - caps, mittens, diapers, etc.	
<b>DUES &amp; PUBLICATIONS</b> - Day Care license, Assoc. dues, Day Care magazines for you or Day Care children	
<b>EDUCATION</b> - workshop registration, books, supplies	
<b>FOOD</b> - Your total grocery bill - in an audit, it is important to prove a reasonable amount was spent for personal. - Amount spent on Day Care	
In some cases IRS has been using the federal food program allowance to determine cost of food provided to the children. List below the number of all meals served during the year in your home, not just those reimbursed - plus the cost of meals purchased in a restaurant, etc.	
<b>BREAKFAST</b> <span style="float:right">Total Count</span>	
<b>LUNCHES</b> <span style="float:right">Total Count</span>	
<b>DINNERS</b> <span style="float:right">Total Count</span>	
<b>MORNING SNACKS</b> <span style="float:right">Total Count</span>	
<b>AFTERNOON SNACKS</b> <span style="float:right">Total Count</span>	
These numbers should be DOCUMENTED daily.	
<b>COST OF MEALS PURCHASED IN RESTAURANT, ETC.</b>	
<b>GIFTS</b> - for Day Care children and true employees - Christmas, Easter, birthday, etc.	
<b>* INTEREST</b> - on items used for Day Care only	
<b>* LAUNDRY &amp; CLEANING</b> - professional cleaning of furniture, carpeting, drapes - Only a percentage will be allowed unless you can show that Day Care was 100% responsible for cleaning - Directly related to Day Care - Partially related to Day Care	

<b>* LEGAL &amp; PROFESSIONAL</b> - Day Care only - attorney or accountant fees		
<b>OFFICE SUPPLIES</b> - Postage, stationery, pens, pencils, small office equipment, Christmas or birthday cards, Day Care record books, calenders, etc.		
<b>* RENT</b> - Building (If Day Care not in home)  - Toy Rental  - VCR/Movies		
<b>* REPAIRS</b> - other than your home - related to damage by Day Care children - Document with photo and how it happened		
<b>SUPPLIES</b> - household cleaning supplies, hand soap, tissues, paper towels, paper cups, plates, disposable knives, forks, spoons, games, toys, supplies, crayons, etc.	100%	PARTIAL
<b>TAXES</b> - Real Estate (if Day Care not in home)  - Payroll: Your Share Soc. Sec. & Medicare  - Federal Unemployment  - State Unemployment		
<b>TELEPHONE</b> - Business line cost if you have one Personal Phone - base phone cost no longer deductible		
- Extra Extension / options for Day Care  - Long distance costs for day care		
<b>TRAVEL &amp; ENTERTAINMENT</b> - party costs for children and / or parents, tickets to events, etc. DOCUMENT WHO, WHEN, WHY		
<b>UNIFORMS</b> - furnished to employees and for yourself		
<b>WAGES</b> - Bring your copy of W-2's / 941's if they have been filed - Wages to spouse - subject to Payroll Tax  - Wages to Children under 18  - Other Wages		
<b>OTHER EXPENSES</b> - not listed elsewhere		

How many months was this business in operation during the year? From _____ To _____ Were you still in business on Dec 31st? YES _____ NO _____	How many hours did you and / or spouse devote to this business operation during the year? _____ Full Time or _____ Number of hours for the year.
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**MAJOR PURCHASES AND IMPROVEMENTS**

Item Purchased	Date of Purchase	Cost including Sales Tax	Cash to Boot	Item Traded & Date Acquired

**CHECK LAST YEAR'S DEPRECIATION FORM TO SEE IF ALL ITEMS ARE CURRENT**

- \* 1099's - Amounts of \$600.00 or more paid to individuals ( not corporations) for rent, interest, or services rendered to you in the course of your business require that income statements be filed by payor.  
- Non filing penalty can be \$150 each recipient.
- You are required to withhold 31% of the payment if recipient does not furnish you with his / her Social Security Number.
- Due date of form is January 31

Name	Address	Soc. Sec. No.	Amount	Purpose of Payment

W-9's (Request for Payee's Social Security Number) are available.

I certify that the amounts shown are true and correct. \_\_\_\_\_  
Please Sign