

FARM INCOME and FARM RENTAL INCOME

(please, review entire form before completing to avoid duplicate answers)

1. Name of Proprietor _____
2. Did you 'materially participate' in the operation of this business? **Y** **N**
3. The income received is: (circle)
 from **actively working** the farm or ranch; **or**
 from **rental of the farm** (including Co-op distributions)?
4. Principal crop or activity _____ Location of Property: _____

INCOME

5. Is the income received in the form of (circle) **cash/check, 1099, 1099-PATR** or **K-1**?

6. (attach documents)

7. Did you receive any crop insurance proceeds or crop disaster payments? **Y** **N**

8. Did you receive any federal or state gasoline or fuel tax credits or refunds? **Y** **N**

9. List sale of livestock or *resale* items you sold: _____

10. List sale of livestock, grains, other products you raised: _____

INCOME	BASIS
	N/A
	N/A

(if additional room is needed for questions 9 and 10 please, continue on back.)

11. List income you were paid for custom hire (machine work, etc.) _____
12. List other income (explain) _____

EXPENSES

13. Chemicals _____
14. Custom hire/labor _____
15. Feed _____
16. Fertilizer and lime _____
17. Freight and trucking _____
18. Gasoline, fuel, oil _____
19. Insurance (other than health) _____
20. Mortgage Interest _____
21. Other Interest _____
22. Vet/breeding/Rx _____
23. Seeds/Plants _____
24. Legal/Professional _____

- Rent or Lease:
25. Vehicles, Equip, Machinery _____
 26. Other rent/lease _____
 27. Repairs/maintenance _____
 28. Utilities _____
 29. Storage/warehousing _____
 30. Supplies _____
 31. Taxes _____
 32. Livestock registration/Brand _____
 33. Other (explain) _____
- _____
- _____

(continued on back)

ASSETS

33. Did you dispose of any business assets during 2015? **Y N**

If 'yes', please complete:

ASSET Description	Type of Disposition Sale/Trade/Loss	Date of Sale/ Trade/Loss	Sale Price	Cost or Basis

34. Were any assets acquired for the business during 2015? **Y N**

If 'yes', please complete (indicate whether it was a new purchase or converted from personal use):

ASSET Description	Date Acquired	Cost	New or Converted

35. Do you have any vehicle expenses related to the business? **Y N**

If 'yes', please, provide the following for each vehicle: (add pages if necessary)

Year/Make/Model of Vehicle _____ Date placed in Service _____

Business Miles driven in 2015 _____ Cost of Vehicle _____

Total Miles driven in 2015 _____ Parking fees/Toll fees _____

If claiming **actual** expenses vs. **standard** mileage please provide:

Cost of Repairs _____ Gas and oil expenses _____

Auto insurance _____ Auto loan interest _____

36. Do you have written evidence to support your deduction? **Y N**