



**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: (check one)

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: \_\_\_\_\_

**5. INCOME**

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

b) Attached any documents

c) Did you receive any crop insurance proceeds or crop disaster payments?

a. Y    N

d) Did you receive any federal or state gasoline or fuel tax credits or refunds?

a. Y    N

e) List sale of livestock or *resale* items you sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f) List sale of livestock, grains, other products you raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INCOME	BASIS
	N/A
	N/A

g) List income you were paid for custom hire (machine work, etc.) \_\_\_\_\_

h) List other income (explain) \_\_\_\_\_

\_\_\_\_\_

**6. EXPENSES**

Chemicals \_\_\_\_\_

Vet/breeding/Rx \_\_\_\_\_

Custom hire/labor \_\_\_\_\_

Vehicles, Equip, Machinery \_\_\_\_\_

Supplies \_\_\_\_\_

Seeds/Plants \_\_\_\_\_

Feed \_\_\_\_\_

Fertilizer and lime \_\_\_\_\_

Freight and trucking \_\_\_\_\_

Livestock registration/Brand \_\_\_\_\_

Utilities \_\_\_\_\_

Gasoline, fuel, oil \_\_\_\_\_

**Expenses Con't**

Storage/warehousing \_\_\_\_\_  
 Repairs/maintenance \_\_\_\_\_  
 Mortgage Interest \_\_\_\_\_  
 Other Interest \_\_\_\_\_  
 Rent or Lease: \_\_\_\_\_

Other rent/lease \_\_\_\_\_  
 Taxes \_\_\_\_\_  
 Insurance (other than health) \_\_\_\_\_  
 Legal/Professional \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

**ASSETS**

33. Did you dispose of any business assets? **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? **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 \_\_\_\_\_ Cost of Vehicle \_\_\_\_\_

Total Miles driven \_\_\_\_\_ 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**