

Farm Worksheet

Name of Farm:

Address: Street

City, State and Zip Code

If the Farm is an LLC- enter Federal ID number

Did you make payments during the year which require you to issue form 1099? Yes or No?

If you made 1099 payments did you file the required forms? Yes or No

Income

Sale of livestock or resale items

Sales of products you raised

Crop Insurance/Disaster payments received

Other Income(fuel refunds)

Cost of Goods Sold

Cost of Livestock or Resale Items

Other Cost of Goods Sold

Packaging

Contractors- 1099 Labor/Machine Work

Expenses

Gross Wages for Employees(W-2/W-3 forms)

Employee Benefits(health insurance/disability)

Feed

Fertilizer & Lime

Freight & Trucking

Fuel/Oil for Equipment

Insurance

Interest Paid

Mortgage Interest

Pension/Profit Sharing Plan

Rental- Equipment/vehicles

Rental-Land

Repairs & Maintenance

Seed & Plants

Storage & Warehousing

Supplies

Taxes- Real Property

Taxes- Payroll (submit year end payroll summary)

Utilities

Advertising

Vet Services & Medicine

Postage

Continuing Education

Parking & Tolls

Dues & Subscriptions

Bank Fees

Telephone & Internet _____
 Professional Fees(attorney,accountant) _____
 Office Supplies _____
 Work Clothing/Boots _____
 Small Tools _____
 Charitable Contributions _____
 Business Meals (not entertainment) _____

New Assets

List any purchases of equipment over \$3,000?
 SUBMIT ALL SALES RECEIPTS.

Description (Model, Year, Type)	Price	Date Purchased
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Assets Sold, Traded or Disposed

List any assets you sold outright, traded on new equipment or disposed of.

Description (Model, Year, Type)	Price sold for or Traded	Date Sold/Traded
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Office in Home

This applies only to fully dedicated office space

Total Square footage of finished living space(Not attic or unfinished basement):

Square Footage used for business only: _____

Expenses: DO NOT include amounts from the above business expenses. Don't duplicate expenses)

Mortgage Interest _____
 Real Estate Taxes(school and county/town/village) _____
 Home Owners/Renters Insurance _____
 Repairs & Maintenance _____
 Utilities _____
 Water & Sewer _____
 Rent _____

Auto/Truck Expenses- See Vehicle Worksheet

Other Tax/Farm information for BTG:

Auto and Truck Expense worksheet	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year of Vehicle				
Make and Model of vehicle				
Date Purchased or Acquired				
Date placed in business service				
Type of Vehicle (Auto or Truck)				
Total miles driven (sum equals 3 lines below)				
Business miles				
Commuting miles				
Personal miles				
Did you have another vehicle for personal use-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle used primarily by owner or related person-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have written evidence (mileage log, report) of business use claimed-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this vehicle leased-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Actual Expenses (If using this method, typical of heavy or costly vehicles):				
Cost of Vehicle (including special installed equipment i.e. Tool box, Plow)				
Gasoline				
Oil, maintenance and repairs				
Insurance				
Registration and license				
Lease payments				
Interest ONLY portion of Vehicle loan payments (NOT full monthly payment)				
Did you sell or trade in a previously used business vehicle-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please include the dealer invoice or other documentation.				