



Profit or Loss From Farming

Schedule F

Principal Crop or Activity:

Farm Address:

Miscellaneous:	Yes	No
Did you pay for your own health insurance (not through employer) at anytime during the year?		
Did you pay anyone other than your employees in excess of \$600 for personal services or rent?		
Did you pay federal excise tax on any fuel that was purchased and used for farm related activities?		
Did you use an area in your home on a regular and exclusive basis for farm related activities?		

Farm Income:

Sales of livestock and other items you bought for resale	
Cost basis of livestock or other items reported above	
Sales of livestock, produce, grains, and other products you raised	
Total cooperative distributions	
Taxable cooperative distributions	
Total agricultural program payments	
Taxable agricultural program payments	
Commodity Credit Corp (CCC) loans reported as income under election	
Commodity Credit Corp (CCC) loans forfeited or repaid with CCC certificates	
Taxable CCC loans forfeited	
Total crop insurance proceeds received during the year	
Would the income from the crops that were damaged normally be reported in the following year?	Yes No
If yes, do you want to elect to defer the income to next year?	Yes No
If yes, provide the following details for each loss:	Loss #1 Loss #2 Loss #3
Crop	
Date of Loss	
Cause of Damage	
Insurance Carrier	
Date of Payment	
Payment Amount	
Custom Hire Income	
Other Income	

Farm Expense:

Chemicals	
Conservation Expense	
Custom Hire Expense	
Employee Benefit Programs	
Feed Purchased	
Fertilizers and Lime	
Freight and Trucking	
Gasoline, Fuel, and Oil (Other than gas for vehicles)	
Insurance (Other than health or auto insurance)	
Mortgage Interest - Farmland (Attach Form 1098)	
Interest - Other	
Labor Hired	

Other Expense and Asset Purchases

Schedule F

Farm Expense Continued:

Pension and Profit Sharing Plans	
Rent or Lease - Vehicles, Machinery, and Equipment	
Rent - Other	
Repairs and Maintenance	
Seeds and Plants Purchased	
Storage and Warehousing	
Supplies Purchased	
Farmland Property Tax _____ Residence Property Tax _____ (Farm % _____)	
Utilities	
Veterinary, Breeding, and Medicine	

Other Expense:

Bank Charges and Returned Check Fees	
Dues and Subscriptions	
Legal and Professional	
Postage and Mailings	
Safety Deposit Box	
Small Tools and Equipment	
Other -	
Other -	
Cable TV (Business use % if not 100% _____ %)	
Internet (Business use % if not 100% _____ %)	
Telephone (Business use % if not 100% _____ %)	

Home Office: Complete if you used an area of your home on a regular and exclusive basis for your business.

Mortgage Interest		Office Dimensions: (If not already on file)
Real Estate Taxes		Square Footage Used for Business
Home Owners Insurance		Total Square Footage of Home
Rent		Home Information: (If not already on file)
Repairs and Maintenance		Date you first started using your home office?
Utilities (Gas, Electric, Water & Garbage)		Current Fair Market Value of Your Home?
Security System		Initial Purchase Price of Your Home?
Other		Cost of Improvements made since purchase?

Asset Purchases: Complete if you purchased any farm assets during the year.

Date	Description of Property	Purchase Price	Business Use %	New or Used
<u>Purchased</u>	<u>Description of Property</u>	<u>Price</u>	<u>(If not 100%)</u>	<u>(Circle One)</u>
				New Used
				New Used
				New Used
				New Used
				New Used
				New Used
				New Used
				New Used
				New Used
				New Used

Did you convert any personal use assets to business assets during the year? If yes, provide details.	Yes No
Did you sell or otherwise dispose of any business assets during the year? If yes, provide details.	Yes No

Auto Expense Worksheet

Schedule F

Vehicle Information:

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Date Placed Into Service:			
Vehicle Year:			
Vehicle Make:			
Vehicle Model:			

Mileage Information:

Farm Related Miles Driven During the Year			
Total Miles Driven During the Year			

Other Auto Related Expense:

Auto Loan Interest			
License Tabs			
Parking Fees			
Tolls			

Actual Expenses: (Only complete if not using the IRS standard mileage rate of 56 cents per mile)

Garage Rent			
Gas			
Insurance			
Oil Change			
Repairs			
Tires			
Lease Payments			
Car Wash			
Other -			
Other -			
Other -			
Other -			

Miscellaneous:

Do you have another vehicle available for personal use?	Yes No
Was your vehicle available for use during off-duty hours?	Yes No
Do you have evidence to support your deduction?	Yes No
If yes, is the evidence written?	Yes No

Preparer Use Only: (Only necessary if using Actual Expense Method)

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Date Purchased			
Purchase Price			
FMV (If converting from personal to business use)			
Is Loaded GVW over 6,000 lbs.			
New or Used			

Covid Related Provisions for Self-Employed Individuals

Schedule C

Credit for Sick Leave for Certain Self-Employed Individuals:

Were you unable to perform services as a self-employed individual at anytime during 2021 because of one or more of the following reasons:

Section 1: Certain coronavirus related care you required	<u>Yes</u>	<u>No</u>
• You were subject to a federal, state, or local quarantine or isolation order related to Covid-19.		
• You were advised by a health care provider to self-quarantine due to concerns related to Covid-19.		
• You were experiencing symptoms of Covid-19 and seeking a medical diagnosis.		

If you answered yes to any of the above enter the number of days you were unable to work and list _____ days
 dates. _____

Were you unable to perform services as a self-employed individual at anytime during 2021 because of one or more of the following reasons:

Section 2: Certain coronavirus related care you provided to another	<u>Yes</u>	<u>No</u>
• You were caring for an individual who was subject to a federal, state, or local quarantine or isolation order related to Covid-19.		
• You were caring for an individual who was advised by a health care provider to self-quarantine due to concerns related to Covid-19.		
• You were caring for a son or daughter because the school or place of care for that child was closed or the childcare provider for that child was unavailable due to Covid-19 precautions.		

If you answered yes to any of the above enter the number of days you were unable to work and list _____ days
 dates. _____

*Do not include days you already included Section 1

Section 3: Credit for Family Leave for Certain Self-Employed Individuals:

Section 3: Credit for Family Leave for Certain Self-Employed Individuals:	<u>Yes</u>	<u>No</u>
Were you unable to perform services as a self-employed individual at anytime during 2021 because of certain coronavirus related care you provided to a son or daughter whose school or place of care was closed or whose childcare provider was unavailable for reasons relating to Covid-19?		

If you answered yes to the above enter the number of days you were unable to work and list _____ days
 dates. _____

*Do not include the same days you already included in Section 1 or Section 2

Qualified Sick Leave and Qualified Family Leave wages received from an employer: (See W-2 Box 14)	<u>Yes</u>	<u>No</u>
Did you also receive qualified sick leave wages from an employer during 2021? If yes, provide details.		
Did you also receive qualified family leave wages from an employer during 2021? If yes, provide details		

Additional Info:

The maximum number of days that can be taken into account when claiming the Credit for Sick Leave for Certain Self-Employed Individuals is 10 days.

The maximum number of days that can be taken into account when claiming the Credit for Family Leave for Certain Self-Employed Individuals is 50 days.

If a day meets the requirements for both the Credit for Sick Leave and the Credit for Family Leave you can only count the day once and should not include the same day for both credits.

A son or daughter must generally be under 18 years of age or incapable of self-care because of a mental or physical disability.