



Profit or Loss From Farming

Schedule F

Principal Crop or Activity:

Farm Address:

Miscellaneous:	<u>Yes</u>	<u>No</u>
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 (Total Expense \$ _____ X _____ % Farm use % if not 100% =	
Internet (Total Expense \$ _____ X _____ % Farm use % if not 100% =	
Telephone (Total Expense \$ _____ X _____ % Farm 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 % (If not 100%)	New or Used (Circle One)
				New Used
				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:

Business 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)

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

Miscellaneous:

Was your vehicle available for use during off-duty hours?	Yes	No
Do you have another vehicle available for personal use?	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			