



NAME \_\_\_\_\_

<b>Sale of livestock purchased for resale (purchased feeder stock) <i>List dairy/breeding animals on next page</i></b>		
# of Head	Gross Amt Rec'd	Cost
<b>Sale of livestock, produce, grains &amp; other raised products <i>(Record gross amount received)</i></b>		
Item	Amount	
Calves		
Corn		
Milk <i>(provide year end statement)</i>		
Eggs		
Hay		
Other Grains		
Poultry		
Raised feeder cattle/butcher pigs		
Sheep/lambs (non-breeding stock)		
Soybeans		
Straw		
Hemp		
Hops		
Tobacco		
Vegetables		
Wool		
<b>Other Farm Income <i>(provide all 1099s)</i></b>		
3A Patronage dividends		
4A Total Ag Program payments		
5A CCC loan forfeited or repaid w/ certificates		
6 Crop insurance		
7 Custom work		
8 Other Income		
Federal Gas Tax Credit		
Grants		
Farmland Preservation Credit		
Other:		
Other:		
Personal Consumption		

<b>Farm Related Expenses</b>		
Item	Amount	
10 Truck: # miles driven		
gas, oil, & repairs		
insurance & license		
Car: # miles driven for farm		
11 Chemicals		
13 Custom & machine hire		
15 Employee benefit plans		
16 Feed purchased		
17 Fertilizers & lime		
18 Freight & trucking		
19 Gasoline, fuel & oil		
20 Insurance (farm share)		
21A Mortgage interest paid		
21B Other interest		
22 Labor hired		
24A Rent: machinery & equip.		
24B Other rent: land & animals		
25 Repair & maintenance		
26 Seed & plants		
27 Storage & warehouse		
28 Supplies		
29 Taxes: Real Estate		
Employer		
30 Utilities (farm use)		
31 Veterinary & medicine		
Breeding fees & testing		
Postage & office		
Dues & subscriptions		
Meals for labor		
Milk check ded. <i>(provide year end statement)</i>		
Sales barn expenses		
Pest control		
Phone: cell & long dist. (farm use)		
Internet (farm use)		
Consultant fees		
Tax prep & legal fees		
Bank fees		
Marketing		
Other:		
Other:		

\*\*If farm is primary income source (and no insurance is provided from an employer) out of pocket payments for Family Health Coverage are deductible.\*\*

