



920-469-1650

e-mail address _____

NAME: _____

Farm Income

Resale sales (calves, crops or steers)	\$ _____	Patr. Dividends (attach statements)	\$ _____
Cost of resale items sold	\$ _____	Ag Program Payments-FSA	\$ _____
Resale sales less cost (we will calculate)	\$ _____	(attach FSA statements)	
Calves and Steers (don't include cows)	\$ _____	NRCS Income	\$ _____
Enter Cows on Pg. 3		(attach NRCS statements)	
Milk (cwt _____)	\$ _____	Crop Insurance Proceeds	\$ _____
Vegetables	\$ _____	(attach statements)	
Corn	\$ _____	Prior Yr Crop Insurance Deferred	\$ _____
Hay	\$ _____	Custom Work Income	\$ _____
Straw	\$ _____	Federal Gas Tax Credit	\$ _____
Wheat	\$ _____	State Gas Tax Credit	\$ _____
Soybeans	\$ _____	Farmland Preservation Credit	\$ _____
Pigs (don't include sows and boars)	\$ _____	Other Income _____	\$ _____
Enter Sows & Boars on Pg. 3		Other Income _____	\$ _____
Did you pay any employees with farm commodities?		Other Income _____	\$ _____
FMV of Commodities	\$ _____	Other Income _____	\$ _____
Total (we will calculate)	\$ _____	Total (we will calculate)	\$ _____

Farm Expenses

Total Truck Expenses(Include Insurance)	\$ _____	less % personal _____%	=	\$ _____
Total Auto Expenses(Include Insurance)	\$ _____	less % personal _____%	=	\$ _____
Total Auto Miles Driven for Farm	_____	Total truck and auto expense	\$ _____	
Chemicals	----->		\$ _____	
Custom Hire (Machine Work, Manure Hauling & Heifer Raising)	----->		\$ _____	
Employee Benefit Programs-(Group Medical Insurance, 105 plans)	----->		\$ _____	
Feed	----->		\$ _____	
Fertilizer	----->		\$ _____	
Freight and Trucking	----->		\$ _____	
Farm Gas, Diesel, LP and Lubes	----->		\$ _____	
gallons of farm gasoline (Field Use)	_____			
Total Farm Insurance	\$ _____	less amount for house \$ _____	→	\$ _____
(Include Crop Insurance)(Do Not Include Vehicle or Health Insurance)				

Farm Expenses (Continued)

Interest-Mortgage (attach 1098 form) \$ _____ Less amount for house \$ _____ = \$ _____

Interest Other -----> \$ _____

Gross Wages-Farm Labor (include spouse, children and PIK wages) -----> \$ _____

Pension and Profit Sharing Plans for **Employees** (Simples and SEPs) -----> \$ _____

Rent - Farm Equipment -----> \$ _____

Rent- Land, Buildings and Cattle -----> \$ _____

Repairs and Maintenance -----> \$ _____

Seed -----> \$ _____

Storage -----> \$ _____

Supplies -----> \$ _____

Real Estate Taxes \$ _____ Less Amount for House \$ _____ = \$ _____

Electricity \$ _____ Less amount for House \$ _____ = \$ _____

Phone (farm cell phones and all farm long distance) -----> \$ _____
Total Utilities \$ _____

Veterinary, Breeding and Medicine -----> \$ _____

Employer's Share of Social Security & Medicare Tax paid on labor -----> \$ _____

Personal Use (milk and meat) -----> \$ (_____)

Consulting and Business Planning -----> \$ _____

Advertising and Marketing -----> \$ _____

DHIA -----> \$ _____

Accounting and Tax Preparation \$ _____ Less Amount for Personal = \$ _____ \$ _____

Bedding -----> \$ _____

Publications -----> \$ _____

Meals Total \$ _____ Less 50% of meals not provided to employees \$ (_____) -----> \$ _____

Other _____ -----> \$ _____

Other _____ -----> \$ _____

Spouse's PIK wage deductions
 Advertising, Marketing & Trucking
 \$ _____

Total Expenses (we will calculate) \$ _____

Net Farm Profit B4 Depreciation \$ _____

Depreciation (we will calculate) \$ _____

Net Farm Profit (we will calculate) \$ _____

Sale of Dairy and Beef Livestock

Raised Cows and Bulls sold or bartered:

	Head number	Sales Price
-Cows and Bulls over 2 years	_____	_____
-Cows and Bulls over 2 years old (given as PIK wages)	_____	_____
-Cows and Bulls under 2 years old	_____	_____
-Cows and Bulls under 2 years old (given as PIK wages)	_____	_____

Purchased Cows and Bulls sold or bartered:

Date Purchased	Date Sold	Purchase Price	Sales Price
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Sale of Hogs and other Livestock:

	Head Number	Sales Price
Raised boars and sows over 1 year old	_____	\$ _____
Raised boars and sows under 1 year old	_____	\$ _____

Purchased Boars and Sows:

Date Purchased	Date Sold	Purchase Price	Sales Price
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Other Raised Livestock over 1 year old	Type _____		\$ _____
Other Raised Livestock under 1 year old	Type _____		\$ _____

Farmland, Buildings and Machinery sold outright (no trades):

Item Sold	Date Acquired	Date Sold	Sales Price
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Asset Purchases:

Machinery, Cattle, Buildings, Vehicles or Land

***It is very important to specify New or Used and provide Trade-in information**

If you did a conservation project this year was there any cost sharing income? _____

Item Purchased	Date Acquired	New or Used	Depr number of trade-in	Trade-in value	Total cash paid
1- _____	_____	_____	_____	\$ _____	\$ _____
2- _____	_____	_____	_____	\$ _____	\$ _____
3- _____	_____	_____	_____	\$ _____	\$ _____
4- _____	_____	_____	_____	\$ _____	\$ _____
5- _____	_____	_____	_____	\$ _____	\$ _____
6- _____	_____	_____	_____	\$ _____	\$ _____
7- _____	_____	_____	_____	\$ _____	\$ _____
8- _____	_____	_____	_____	\$ _____	\$ _____
9- _____	_____	_____	_____	\$ _____	\$ _____
10- _____	_____	_____	_____	\$ _____	\$ _____
11- _____	_____	_____	_____	\$ _____	\$ _____
12- _____	_____	_____	_____	\$ _____	\$ _____
13- _____	_____	_____	_____	\$ _____	\$ _____
14- _____	_____	_____	_____	\$ _____	\$ _____
15- _____	_____	_____	_____	\$ _____	\$ _____
16- _____	_____	_____	_____	\$ _____	\$ _____
17- _____	_____	_____	_____	\$ _____	\$ _____
18- _____	_____	_____	_____	\$ _____	\$ _____



920-469-1650

Tax Worksheet

Non-Farm Income

Tax Year 2024

E-Mail Address: _____

Wages and Pensions - attach W-2 forms and 1099-R forms

NAME: _____

Did you have any reportable gain on any cryptocurrencies? If so please provide information.

Did you make any energy efficient updates to your home? If so please provide information.

Did you receive a refund of health insurance premiums paid? Amount received \$ _____

Interest and Dividends (attach 1099 forms if available):

If you have included Form(s) 1099, you do not have to fill out this section.

Payer	Interest amount	Dividend amount
1 _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____
	Taxpayer	Spouse

Unemployment Compensation received (attach statements)

\$ _____ \$ _____

Social Security benefits received (attach statements)

\$ _____ \$ _____

If you have included Form(s) 1099, you do not have to fill out this section.

Education expense: \$ _____
(tuition paid in 2024) (attach 1098T)

Year in college (ie- 1st,2nd,3rd or 4th) _____

Books & Fees Expense \$ _____
Provide receipts Not included in Tuition Expense above

State college is located in _____

Name of student _____

Name of School _____

Rental Real Estate Property:

Rent income \$ _____ Property description: _____

Rental Expenses:

Advertising	\$ _____	Supplies	\$ _____
Insurance	\$ _____	Taxes	\$ _____
Legal and accounting fees	\$ _____	Utilities	\$ _____
Mortgage interest	\$ _____	Wages and Salaries	\$ _____
Other interest	\$ _____	Other	\$ _____
Repairs	\$ _____	Other	\$ _____

Total (we will fill in) _____

Itemized Deductions:

Prescription medicine and drugs	\$ _____	Home Mortgage Interest	\$ _____
Doctors, dentists, optical etc	\$ _____	Name & SSN if paid to Individual	_____
Hospitals and nursing homes			_____
Health insurance premiums <small>(do not include if already included in employee benefits for spouse)</small>	\$ _____	Charitable Contributions (Receipt or Bank Record Required)	\$ _____
Long-term care premiums	\$ _____	Contributions (non-cash) (Must have verification that items were in good used condition or better)	\$ _____
Transportation miles - medical	_____	Miles driven for charity	_____
Medical Reimbursement	\$ _____	Personal Casualty Losses	\$ _____
State Income Tax paid for last year	\$ _____	Give details of loss	_____
Real Estate Tax on home	\$ _____		
Other personal Real Estate Tax	\$ _____		

	Taxpayer	Spouse
Deposits to IRA, Roth IRA, SIMPLE or SEP (Please Circle Type of Account)	\$ _____	\$ _____

House or Apartment rent paid	\$ _____	Did you pay the heat? _____
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Child Care Payments	\$ _____	Name of provider _____
Provider EIN or SS#	_____	Address _____

Private School Tuition paid

Student name	K to 8th grade Tuition paid	High School Tuition paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Loan interest expense:	\$ _____
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Estimated Tax Payments:

		<u>Federal</u>		<u>State</u>	
	<u>Due Date</u>	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
Prior Year	01/15/24		\$ _____	Prior Year	\$ _____
1st Quarter	04/15/24		\$ _____	1st Quarter	\$ _____
2nd Quarter	06/15/24		\$ _____	2nd Quarter	\$ _____
3rd Quarter	09/15/24		\$ _____	3rd Quarter	\$ _____
4th Quarter	01/15/25		\$ _____	4th Quarter	\$ _____