

# Gross & Company, PLLC

613 Iowa Ave, P.O. Box 22  
Dunlap, IA 51529  
(712)643-5158

## Farmers Income Tax Worksheet

Year: \_\_\_\_\_

Provide all W-2's, 1099's, 1098's  
and K-1's received in January

### Farm Income

Sale of livestock and produce **you**  
**raised** and other farm income

Cattle and Calves	\$ _____
Swine	\$ _____
Other Livestock	\$ _____
Corn	\$ _____
Soybeans	\$ _____
Other Commodities	\$ _____
Machine & Custom work	\$ _____
Agriculture program payments	\$ _____
CO-OP Dividends	\$ _____
REC Dividends	\$ _____
Commodity credit loans	\$ _____
Crop insurance proceeds	\$ _____

### Farm Expense

Car/ Truck	\$ _____
Chemicals	\$ _____
Conservation expenses	\$ _____
Custom hire	\$ _____
Employee benefits	\$ _____
Feed purchased	\$ _____
Fertilizer / Lime	\$ _____
Freight / Trucking	\$ _____
Gasoline / Fuel / Oil	\$ _____
Insurance	\$ _____
Interest- Form 1098	\$ _____
Interest- other	\$ _____
Labor hired	\$ _____
Pension / Profit sharing	\$ _____
Rent / Lease- machinery	\$ _____
Rent / Lease- other	\$ _____
Repairs / Maintenance	\$ _____
Seeds / Plants	\$ _____
Storage / Warehousing	\$ _____
Supplies	\$ _____
Taxes- Real Estate	\$ _____
Taxes- Payroll	\$ _____
Utilities	\$ _____
Veterinary, etc	\$ _____
Other expenses	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Gallons of Gas Purchased for  
Farm Use: \_\_\_\_\_

**Acquisitions:**

Machinery, Buildings, Grain Bins & Breeding Stock:

<u>Items (new or used)</u>	<u>Date Acquired</u>	<u>Cost; if no trade</u>	<u>Boot Paid; if traded</u>	<u>Item Traded</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Land Acquisitions:**

Date aquired & how many acres \_\_\_\_\_

**Sales:**

Sales of breeding stock and machinery

<u>Description:</u>	<u>No. #</u>	<u>Sales Price</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Required Information**

**Medical Expenses:**

Hospital / Medical Insurance  
 Premiums in full \$ \_\_\_\_\_  
 Medicine / drugs in full \$ \_\_\_\_\_  
 Doctors, Dentist, Nurses \$ \_\_\_\_\_  
 Hospitals \$ \_\_\_\_\_  
 Medical Mileage (miles) \$ \_\_\_\_\_  
 Lab fees \$ \_\_\_\_\_  
 Ambulance \$ \_\_\_\_\_  
 Eye Glasses \$ \_\_\_\_\_  
 Hearing aids and supplies \$ \_\_\_\_\_  
 Hospitals and Medical Insurance reimbursements \$ \_\_\_\_\_

**Contributions (to whom)**

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Education Expenses:**

School sponsored activities-  
 out of pocket amount \$ \_\_\_\_\_  
 Elementary, High School &  
 College Tuitions \$ \_\_\_\_\_