



# Farm Income (Page 1 of 2)

**Proprietor's Name:** .....

**Principal Crop or Activity:** .....

TSJ .....  
 Employer identification number .....  
 Method of accounting .....

**Farm Questions for 2020:**

Did you dispose of this farm? .....  **Yes**  **No**  
 If Yes, what was the disposition date? ..... (Mo/Da/Yr) .....  
 Have you prepared or will you prepare all required Forms 1099? .....

2020 Amount	2019 Amount

Health insurance premiums paid for yourself and your dependents .....

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	2020		2019	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

**Income (Accrual Method):**

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

**Income:**

	2020 Amount	2019 Amount
Sales of livestock, produce, grains, etc. you raised .....		
Total cooperative distributions (Forms 1099-PATR) .....		
Taxable cooperative distributions .....		
Total agricultural program payments .....		
Taxable agriculture program payments .....		
Total Commodity Credit Corporation (CCC) loans .....		
Total crop insurance proceeds and certain disaster payments received in 2020 .....		
Taxable crop insurance proceeds received .....		
Crop insurance proceeds deferred from prior year .....		
Custom hire (machine work) income .....		
Federal gasoline tax or fuel tax credit or refund .....		
State gasoline tax or fuel tax credit or refund .....		



# Farm Income (Page 2 of 2)

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Proprietor's Name: .....

Principal Crop or Activity: ..

### Income:

Payment card and third party transactions:  Include all Forms 1099-K

Description	2020 Amount	2019 Amount

Government payments:  Include all Forms 1099-G

Description	2020 Amount	2019 Amount

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount





# Farm Vehicle and Other Listed Property

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

**Listed Property Questions for 2020:**

Do you have evidence to support your deduction? .....	<b>Yes</b>	<b>No</b>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you are an employer who provides vehicles for use by employees:**

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

Date placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2020 Miles	2019 Miles
2020 Amount	2019 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2020 Miles	2019 Miles
2020 Amount	2019 Amount



# Farm Business Use of Home

**Proprietor's Name:** \_\_\_\_\_

**Principal Crop or Activity:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

2020

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business?     Yes     No

**Expenses:**    Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid