

# Farm Income

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

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

TSJ \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

**Farm Questions for 2006:**

Did you dispose of this farm? Yes  No   
 If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)

2006 Amount	2005 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

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

Description	2006		2005	
	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:**

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 2006 \_\_\_\_\_  
 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 \_\_\_\_\_

2006 Amount	2005 Amount

**Other Income:**

Description	2006 Amount	2005 Amount



# Farm Vehicle Information

12B

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

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

**Vehicle Questions for 2006:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<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:**

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<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	
2006 Miles	2005 Miles
2006 Amount	2005 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2006 Miles	2005 Miles
2006 Amount	2005 Amount



# Farm Vehicle and Other Listed Property

12D

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

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

**Questions About Listed Property for 2006:**

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property?  Yes  No

Is the evidence to support the business use written?  Yes  No

**Vehicle Questions for Employers Who Provide Vehicles for Employee Use:**

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Yes  No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Yes  No

Do you treat all use of vehicles by employees as personal use?  Yes  No

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?  Yes  No

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?  Yes  No

**Vehicle:**

Description of vehicle \_\_\_\_\_

Date placed in service (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?  Yes  No

**Mileage:**

Total miles \_\_\_\_\_

Total miles applicable to business \_\_\_\_\_

Total commuting miles for the year \_\_\_\_\_

Vehicle 1		Vehicle 2	
Description of vehicle		Description of vehicle	
Date placed in service (Mo/Da/Yr)		Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2006 Miles	2005 Miles	2006 Miles	2005 Miles

# Farm Business Use of Home

12E

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

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

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

2006

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	
	2006 Amount	2005 Amount	2006 Amount	2005 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Repairs and maintenance .....				
Utilities .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2006 Amount	2005 Amount	2006 Amount	2005 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