

SCHEDULE OF FARM INCOME AND EXPENSE 2017

LAST NAME: _____ FIRST NAME TAXPAYER: _____ FIRST NAME SPOUSE: _____

Required to file any Form 1099s? Yes No DPAD? Yes No

FARM INCOME:

SALE OF PURCHASED LIVESTOCK & OTHER ITEMS

	<u>SALES PRICE</u>	<u>PURCHASE PRICE</u>
LIVESTOCK	_____	_____
	_____	_____
PROFIT		_____
SALES OF RAISED:		
LIVESTOCK	_____	
GRAIN	_____	

COOP DIVIDENDS*	_____	

PER UNIT RETAIN	_____	

TOTAL	_____	
FSA PROGRAM TAXABLE	_____	
CROP INSURANCE TAXABLE	_____	
DEFERRED TO '18	_____	
DEFERRED FR '16	_____	
Type of Crop	_____	
Cause of Loss	_____	
Date Occurred	_____	
Ins Co/Date Paid	_____	
CUSTOM HIRE (MACHINE WORK)	_____	
FEDERAL GAS TAX	_____	
HEDGING	_____	
OTHER	_____	

TOTAL INCOME	\$ _____	

FARM EXPENSES:

CHEMICALS	_____
CUSTOM HIRE**	_____
EMPLOYEE BENEFITS	_____
FEED PURCHASED	_____
FERTILIZER	_____
FREIGHT/TRUCKING	_____
GAS, FUEL, OIL	_____
INSURANCE	_____
INTEREST: MORTGAGE (1098)**	_____
OTHER**	_____
HIRED LABOR: PAYROLL WAGES	_____
LABOR**	_____
RENT: MACHINERY/EQUIPMENT**	_____
LAND/OTHER**	_____
REPAIRS/MAINTENANCE	_____

SEED	_____
STORAGE	_____
SUPPLIES	_____

TAXES	_____
UTILITIES	_____
VET FEES/MEDICINE	_____
OTHER:	_____
CAR & TRUCK EXPENSES	_____
MISCELLANEOUS	_____
PROFESSIONAL FEES	_____
HEDGING	_____

TOTAL EXPENSES	_____
DEPRECIATION	_____
TOTAL DEDUCTIONS	\$ _____
NET PROFIT/LOSS	\$ _____
HEALTH INSURANCE	_____

*We need all 1099 PAT DIV from all Cooperatives and for qualified production activity deduction (DPAD).
 **These items may require you to file a form 1099. Please contact us for more information if not doing this.

NEW PURCHASES: (MACHINERY, DAIRY, OR BREED STOCK)

DESCRIPTION	DATE ACQUIRED	COST/BOOT PAID	ITEM TRADED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SALES: (LIVESTOCK, MACHINERY, AND OTHER PURCHASED ITEMS)

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SELLING PRICE	COST
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ITEMIZED DEDUCTIONS:

MEDICAL: MEDICINE _____
 DOCTORS _____
 HOSPITAL _____
 HEALTH INS _____
 LG TERM CARE INS _____
 HEARING AIDS _____
 DENTURES _____
 EYEGASSES _____
 CONTACT LENSES _____
 BRACES _____
 (INCLUDING MAINTENANCE)

TAXES: REAL ESTATE _____
 (PERSONAL RESIDENCE)
 PERSONAL PROPERTY _____
 (NON-BUSINESS VEHICLES)
 INTEREST
 HOME MORTGAGE _____
 INVESTMENT _____
 CONTRIBUTIONS
 CASH _____
 OTHER _____

H.S.A
 CONTRIBUTIONS _____
 DISTRIBUTIONS _____
 ** ATTACH 1099

2017 RETIREMENT PLAN CONTRIBUTIONS
 IRA _____
 SEP _____
 KEOGH _____

FAMILY MEMBERS BORN DURING 2016

NAME: _____ SS: _____ DATE OF BIRTH: _____
 NAME: _____ SS: _____ DATE OF BIRTH: _____

VEHICLE INFORMATION:

DESCRIPTION	(1)	(2)	(3)
TOTAL MILES DRIVEN - 2017	_____	_____	_____
MILES DRIVEN FOR FARM PURPOSES	_____	_____	_____
MILES DRIVEN FOR PERSONAL USE	_____	_____	_____
DO YOU HAVE WRITTEN EVIDENCE TO SUPPORT THE ABOVE? (YES / NO)	_____	_____	_____

REFUND GAS CREDIT INFORMATION:

FEDERAL - TOTAL GALLONS PURCHASED _____

STATE - SEE NOTE*

***The State of Nebraska no longer allows you a credit on your year-end Income Tax Return. Their new procedure is that you file Form 84 any time during the year when the refund amount totals \$25. They also require substantially more information to be filed with the form. Please let us know if you have a question or need help with this form.**

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE.
