

FARM TAX ORGANIZER

Questions? Need Appointment? Call: 801-796-5937



Name of Farm:	Tax ID Number:
Owner:	
Address:	email:

Did you have long distance phone service between Feb. 2003 - Aug. 2006? Yes/No

Type of Farm: _____

(Please Check One)

Sole Proprietorship: _____ S-Corp: _____ Corporation: _____ LLC: _____ Partnership: _____

INCOME

Sales from livestock:	
Sales from crops:	
Other income:	

DEDUCTIONS

Advertising		Office Expense	
Breeding		Rent on Macinery	
Business Insurance		Rent on Property	
Business Phone/Cell		Repairs/Maintenance	
Chemicals		Seed/Plants	
Hired Labor		Supplies	
Interest (Loans/Credit Cards)		Taxes	
Legal/Professional		Travel	
Licenses		Utilities	
Meals and Entertainment		Vet Fees	
Mileage		Vehicle Expense	
# gallons of Diesel		# gallons of Gasoline	

HOME OFFICE

Home Interest		Repairs/Maintenance	
Home Insurance		Sq. Ft. of Office Area	
Home Taxes		Sq. Ft. of Home	
Rent(if not owned)		Utilities	

*Provide a list of all equipment purchased, date purchased, and amount paid for.

