

FARM TAX ORGANIZER



NAME OF FARM: _____

ADDRESS: _____

EMAIL: _____

TYPE OF FARM: _____

____ Sole Proprietor ____ S Corporation ____ Corporation ____ LLC ____ Partnership

Owner _____ Tax ID Number _____

INCOME

Sales from livestock _____

Sales from crops _____

Other income _____

DEDUCTIONS

Advertising		Taxes	
Mileage		Licenses	
or Vehicle Expense		Travel	
Hired Labor		Meals and entertainment	
Business Insurance		Utilities	
Interest loans/credit cards		Business phone / cell	
Legal/professional		Vet Fees	
Office Expense		Breeding	
Rent on Machinery		Chemicals	
Rent on property		Seed / plants	
Repairs/maintenance		# gallons of diesel	
Supplies		# gallons of gasoline	

HOME OFFICE

Sq. ft. of office area		Sq. Ft. of Home	
Home interest		Home Taxes	
Home insurance		Utilities	
Repairs / Maintenance		Rent (if not owned)	

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