

HOGAN • HANSEN

A Professional Corporation

Certified Public Accountants and Consultants

FARMERS WORKSHEET FOR _____ YEAR

THIS WORKSHEET HAS BEEN PREPARED FOR YOUR CONVENIENCE.
PLEASE FILL OUT AT HOME BEFORE BRINGING TO THE OFFICE.
YOU MAY ROUND TO THE NEAREST DOLLAR.

Taxpayer's Name	Social Security Number	Birth Date
Spouse's Name	Social Security Number	Birth Date
Home Phone	Work Phone	E-mail Address
Address	School District	County Number

LIST ALL DEPENDENTS:

Important to fill in if any changes - **INFORMATION MUST MATCH SOCIAL SECURITY CARD!**

Name	Social Security Number	Birth Date

Did you receive an Economic Impact Payment?

Yes

No

If so, how much was received? (Provide Note 1444)

\$ _____

Did you receive a Paycheck Protection Program (PPP) loan?

If yes, how much was received?

\$ _____

If yes, was it forgiven?

Yes

No

FARM EXPENSES

	AMOUNT		AMOUNT
LABOR HIRED	\$ _____	TRUCKING & FREIGHT	\$ _____
EMPLOYEE BENEFITS - AGRI PLAN	_____	CONSERVATION EXPENSES	_____
REPAIRS AND MAINTENANCE	_____	LAND CLEARING EXPENSES	_____
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	_____	GRAIN DRYING	_____
OTHER INTEREST PAID	_____	FARM DUES	_____
RENT - LAND	_____	FARM JOURNALS	_____
RENT - EQUIPMENT	_____	BANK CHARGES	_____
FEED PURCHASED	_____	SEALED GRAIN REPURCHASED	_____
SEEDS AND PLANTS	_____	INCOME TAX PREPARATION	_____
FERTILIZERS	_____	BUSINESS LEGAL FEES	_____
CHEMICALS	_____	MEALS FOR HELP	_____
MACHINE HIRE	_____	TRUCK EXPENSE \$ _____ (Gas, Oil, Insurance, Repairs, License, Etc)	
SMALL TOOLS AND SUPPLIES	_____	TRUCK MILEAGE FOR YEAR _____	
BREEDING FEES	_____	PERCENTAGE TRUCK USED FOR FARM _____%	
VETERINARY & MEDICINE	_____	CAR EXPENSE \$ _____ (Gas, Oil, Insurance, Repairs, License, Etc)	
GAS, OIL, AND GREASE	_____	CAR MILEAGE FOR YEAR _____	
STORAGE	_____	PERCENTAGE CAR USED FOR FARM _____%	
TAXES:		MISCELLANEOUS EXPENSES: (List)	
PROPERTY	_____	_____	\$ _____
SOCIAL SECURITY ON HELP	_____	_____	\$ _____
INSURANCE:		_____	\$ _____
BUILDINGS	_____	_____	\$ _____
MACHINERY	_____	_____	\$ _____
CROP	_____	PAYMENTS TO:	
LIABILITY	_____	IRA	\$ _____
UTILITIES: ELECTRICITY (Full Amt)	_____	SEP	\$ _____
TELEPHONE (Full Amount)	_____	KEOGH	\$ _____
		GAS TAX REFUNDS:	
		NUMBER GALLONS GAS (undyed diesel and for off-road use only)	

NON-FARM TAX INFORMATION

INCOME: (Non-Farm)

WAGES (Bring in W-2's)	OTHER (List)
INTEREST INCOME (Bring in Form 1099)	
DIVIDENDS (Bring in Form 1099)	
RENTALS OR BUSINESS INCOME (List All Receipts and Expenses)	
SOCIAL SECURITY RECEIPTS (Bring in Form 1099)	

EXPENSES: (Non-Farm)

	AMOUNT	MEDICAL EXPENSES: (Non-Agri Plan)	AMOUNT
HOME MORTGAGE INTEREST	\$	MEDICAL INSURANCE	\$
INVESTMENT INTEREST PAID		DRUGS & MEDICINE	
		DOCTORS, DENTISTS, CHIROPRACTORS	
PROPERTY TAX (Non-Farm)		HOSPITAL EXPENSES	
CAR LICENSE		OTHER LIST:	
# of Vehicles		MILES DRIVEN FOR MEDICAL TREATMENT	
CONTRIBUTIONS		EYEGASSES/CONTACTS	
INCOME TAX PAID THIS YEAR:		DENTURES	
(If Different From Tax Returns)		HEARING AIDS	
FEDERAL		LAB TESTS	
STATE		_____	

TAX CREDITS:

EMPLOYMENT RELATED CHILD-CARE EXPENSES. Please provide the following information related to your provider:

NAME	ADDRESS	SOCIAL SECURITY NUMBER OR EIN	
			Amount Paid \$ _____
			Amount Paid \$ _____
			Amount Paid \$ _____
			Amount Paid \$ _____
			Amount Paid \$ _____
			Amount Paid \$ _____

ENERGY EFFICIENT IMPROVEMENTS to your primary residence may be eligible for credits. Let us know if you made any qualified energy efficient improvements during the year including exterior windows, doors, insulation, roofs, HVAC systems, water heaters, etc.