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**FARM INCOME & EXPENSES
(OMIT CENTS)**

Name of Business: _____	Gross Income (provide any 1099's) _____	\$ _____
Principal Activity: _____	Product: _____	
Method of Accounting (Cash or Accrual): _____	Product or Service: _____	

INCOME		
ITEM SOLD	COST	AMOUNT RECEIVED

Sale of Raised Livestock & Produce		Other Farm Income	
Cattle	\$	Agricultural Program Payments	\$
Corn	\$	- Cash	\$
Cotton	\$	- Materials & Services	\$
Dairy Products	\$	Commodity Credit Loans	\$
Eggs	\$	Crop Insurance Proceeds	
Fruits & Vegetables	\$	Gas Credit Refund	\$
Hay & Straw	\$	Machine Work	\$
Other Grains	\$	Other	
Poultry	\$		\$
Sheep	\$		\$
Soybeans	\$		\$
Swine	\$		\$
Tobacco	\$		\$
Wool	\$		\$
			\$
			\$
Internet/DSL	\$	Other:	\$
Janitorial Services	\$		\$
Laundry/Cleaning	\$		\$
Legal/Professional Fees	\$		\$
Licenses & Permits	\$	Depreciable Items: Such as Equipment, Furniture, Computer, etc. Provide list with cost and date purchased.	
Maintenance	\$		
Meal	\$	Item: _____	Date: _____ \$
Miscellaneous	\$	Item: _____	Date: _____ \$
Office Supplies		Item: _____	Date: _____ \$

EXPENSES			
Total Area of Home	Sq/Ft	Rent Paid for Year	\$
Area Used Exclusively for Business	Sq/Ft	Repairs & Maintenance	\$
Improvement to Home Office	\$	Utilities	\$
Insurance – Homeowners/Renters	\$	Other Specify: _____	\$
Mortgage Interest	\$	Other Specify: _____	\$
Real Estate Taxes	\$	Other Specify: _____	\$

Vehicle Expenses		
Year, Make, & Model of Vehicle:	Total Mileage	
Date First Used for Business:	Business Mileage	
Type of Vehicle: Car, Van, Truck:	Commuting Mileage	
	Personal Mileage	