

PERSONAL TAX INFORMATION WORKSHEET

Please check the appropriate box:

Date Received: _____

I need my taxes done early for my child's financial aid.

Most of the information needed to complete this form can be taken from your final monthly computer bookkeeping report of the year. Taxes are prepared from figures on this worksheet and not from client's bookkeeping.

March 1: If 2/3 or more of your gross income for 2016 was from farming, your taxes are due March 1. We must have this completed form back in our hands by February 1 to have adequate time to finish all farm taxes.

April 15: If you had a corporation for all of 2017, are an employee receiving W2 wages or have a non-farm business, you have until April 15 to file your taxes unless you file an extension before that date. An extension extends the filing date until August 15. *Even with an extension, the tax must be paid with the extension.*

This worksheet needs to be completed and back to Corporate Farmer by March 15, 2018.

You will automatically be put on extension if not completed by April 1, 2018.

Individual's Name:	_____	DOB: _____	SSN: _____ - _____ - _____
Spouse's Name:	_____	DOB: _____	SSN: _____ - _____ - _____
Dependent's Name:	_____	DOB: _____	SSN: _____ - _____ - _____
	_____	DOB: _____	SSN: _____ - _____ - _____
	_____	DOB: _____	SSN: _____ - _____ - _____
	_____	DOB: _____	SSN: _____ - _____ - _____
	_____	DOB: _____	SSN: _____ - _____ - _____
Email:	_____	Fax:	_____
Address:	_____	City:	_____
	State: _____	Zip Code:	_____
	County: _____	School District:	_____

I have completed this form and believe it to be correct to the best of my knowledge. You may proceed with my taxes.

Signature: _____ Date: _____

OTHER INCOME

Salary from W-2s: _____ \$ _____ \$ _____

Alimony Received _____ \$ _____ \$ _____

Social Security Benefits: _____ \$ _____ \$ _____

Retirement Distributions: _____ \$ _____ \$ _____

Other Taxable Income: _____ \$ _____ \$ _____

INTEREST INCOME:

Name of Company, Bank, Etc. _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

DIVIDEND INCOME:

Name of Company, Bank, Etc. _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

STOCK & MUTUAL FUNDS SOLD:

Name of Company	Date Purchased	Date Sold	Purchase Price	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CAPITAL ITEMS SOLD: (Includes Land, Equipment, Breeding Stock, Etc.)

Name of Item Sold	Date Purchased/Raised	Date Sold	Purchase Price	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ITEMIZED DEDUCTIONS:

Health Insurance Premiums	\$ _____	Donations	\$ _____
Drugs	\$ _____	Union & Professional Dues	\$ _____
Doctor, Dentist, Eyeglasses, Etc.	\$ _____	Investment Fees & Exp.	\$ _____
Casualty or Theft Losses	\$ _____	Home mortgage Interest	\$ _____
Real Estate Taxes (Other than farm property)	\$ _____	Personal Property Taxes	\$ _____

INCOME & EXPENSES FROM BUSINESS

Business Name: _____

Type of Operation: _____

Name of Proprietor: _____

Employer ID #: _____

INCOME:

Gross Receipts \$ _____
Other Income \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

EXPENSES:

Returns & Allowances \$ _____
Cost of Goods Sold \$ _____
Advertising \$ _____
Bad Debts \$ _____
Car & Truck Expense \$ _____
Commissions & Fees \$ _____
Employee Benefit Programs \$ _____
Insurance \$ _____
Mortgage Interest \$ _____
Operating Interest \$ _____
Legal & Professional Fees \$ _____
Office Expense \$ _____
Rent or Lease \$ _____
Repair & Maintenance \$ _____
Supplies \$ _____
Taxes & Licenses \$ _____
Travel, meals, entertainment \$ _____
Utilities \$ _____
Wages \$ _____
Other expenses \$ _____
\$ _____

Beginning Inventory (1/1/17) \$ _____

Purchases \$ _____

Ending Inventory (12/31/17) \$ _____

Business Use Auto Mileage _____

OTHER INFORMATION:

Estimates: This should not include withholding from wages!

Federal (Date) _____ (Amount) _____

State (Date) _____ (Amount) _____

Federal (Date) _____ (Amount) _____

State (Date) _____ (Amount) _____

Federal (Date) _____ (Amount) _____

State (Date) _____ (Amount) _____

Federal (Date) _____ (Amount) _____

State (Date) _____ (Amount) _____

TAX CREDITS & DEDUCTIONS:

Contributions To:

Traditional IRA: Husband _____ Wife _____
Roth IRA: Husband _____ Wife _____
SEP: Husband _____ Wife _____
Keogh: Husband _____ Wife _____

Education Credits:

1. Student's Name: _____ SSN: _____ Qualified Expenses: _____
Year in School: K-12 _____ or College _____
2. Student's Name: _____ SSN: _____ Qualified Expenses: _____
Year in School: K-12 _____ or College _____

Child Care Expenses:

1. Care Provider's Name: _____ Address: _____
Identifying Number (SSN or EIN): _____ Amount Paid: _____
 2. Care Provider's Name: _____ Address: _____
Identifying Number (SSN or EIN): _____ Amount Paid: _____
1. Qualifying Child's Name: _____ SSN: _____ Qualified Expenses: _____
 2. Qualifying Child's Name: _____ SSN: _____ Qualified Expenses: _____

Student Loan Interest:

Interest paid in 2017 on qualified student loans \$ _____

Medical Savings Account:

Contributions for 2017 \$ _____

Did you have qualifying medical insurance coverage for 2017?

Yes No

Part of the Year, Please Specify for which Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Any additional information not included on these forms:

***NOTE: PLEASE INCLUDE ALL W2'S AND 1099'S WHEN YOU RETURN THIS WORKSHEET.**
