

# 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 2016, 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 October 15. *Even with an extension, the tax must be paid with the extension.*

You can help meet these deadlines by returning this form, completed, as early as possible.

Individual's Name:	_____	DOB:	_____	SSN:	____-____-____
Spouse's Name:	_____	DOB:	_____	SSN:	____-____-____
Dependent's Name:	_____	DOB:	_____	SSN:	____-____-____
	_____	DOB:	_____	SSN:	____-____-____
	_____	DOB:	_____	SSN:	____-____-____
	_____	DOB:	_____	SSN:	____-____-____
	_____	DOB:	_____	SSN:	____-____-____
Email:	_____				
Phone/Cell:	_____	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: \_\_\_\_\_



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# FARM INCOME & EXPENSES

## INCOME:

301 Raised Cattle Sales \$ \_\_\_\_\_  
302 Raised Corn Sales \$ \_\_\_\_\_  
303 Dairy \$ \_\_\_\_\_  
304 Poultry \$ \_\_\_\_\_  
305 Fed & St. Gas Refund \$ \_\_\_\_\_  
306 Government Payments \$ \_\_\_\_\_  
307 Raised Hogs Sold \$ \_\_\_\_\_  
308 Custom Hire Income \$ \_\_\_\_\_  
309 Misc. Grain Income \$ \_\_\_\_\_  
310 Patronage Dividends \$ \_\_\_\_\_  
312 Storage \$ \_\_\_\_\_  
313 Sheep Sales \$ \_\_\_\_\_  
314 Raised Soybean Sales \$ \_\_\_\_\_  
315 Misc. Livestock Sales \$ \_\_\_\_\_  
316 Landlord Reimbursement \$ \_\_\_\_\_  
317 Crop Ins. Reimbursement \$ \_\_\_\_\_  
318 Hedging Income \$ \_\_\_\_\_  
322 CCC Taxable Income \$ \_\_\_\_\_  
334 Misc. Taxable Income \$ \_\_\_\_\_  
350 Purchase Cattle Sales \$ \_\_\_\_\_  
351 Purchase Hog Sales \$ \_\_\_\_\_  
352 Purchased Other Sales \$ \_\_\_\_\_  
    Hay & Straw \$ \_\_\_\_\_  
    Wool \$ \_\_\_\_\_  
    Eggs \$ \_\_\_\_\_  
    \$ \_\_\_\_\_  
    \$ \_\_\_\_\_  
    \$ \_\_\_\_\_  
    \$ \_\_\_\_\_  
    \$ \_\_\_\_\_  
    \$ \_\_\_\_\_

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Gallons of gasoline used off highway \_\_\_\_\_

Is there livestock where you live? O Yes    O No

Do you own your home? O Yes    O No

Farm Use Truck Mileage \_\_\_\_\_

Farm Use Auto Mileage \_\_\_\_\_

## EXPENSES:

401 Cost of Feeder Cattle \$ \_\_\_\_\_  
402 Cost of Feeder Pigs \$ \_\_\_\_\_  
403 Cost of Other Sold \$ \_\_\_\_\_  
501 Breeding Fees \$ \_\_\_\_\_  
502 Cash Rent Paid \$ \_\_\_\_\_  
503 Chemicals \$ \_\_\_\_\_  
504 Dues & Publications \$ \_\_\_\_\_  
505 Feed \$ \_\_\_\_\_  
506 Fertilizers & Lime \$ \_\_\_\_\_  
507 Gas, Diesel, Oil \$ \_\_\_\_\_  
508 Drying Gas \$ \_\_\_\_\_  
509 Insurance on Crop \$ \_\_\_\_\_  
510 Insurance on Property \$ \_\_\_\_\_  
511 Operating Interest \$ \_\_\_\_\_  
512 Labor \$ \_\_\_\_\_  
513 Custom/Machine Hire \$ \_\_\_\_\_  
514 Truck Expenses \$ \_\_\_\_\_  
515 Professional Fees \$ \_\_\_\_\_  
516 Repairs \$ \_\_\_\_\_  
517 Seed \$ \_\_\_\_\_  
518 Supplies \$ \_\_\_\_\_  
519 Property Taxes \$ \_\_\_\_\_  
520 Trucking & Freight \$ \_\_\_\_\_  
521 Utilities \$ \_\_\_\_\_  
522 Vet \$ \_\_\_\_\_  
524 Hedging Expense \$ \_\_\_\_\_  
525 Misc. Farm Expense \$ \_\_\_\_\_  
526 Rent to Shareholder \$ \_\_\_\_\_  
527 Storage Expense \$ \_\_\_\_\_  
528 Deductible Meals \$ \_\_\_\_\_  
545 Non-Farm Business Exp. \$ \_\_\_\_\_  
595 Mortgage Interest Exp. \$ \_\_\_\_\_  
596 Employer Payroll Taxes \$ \_\_\_\_\_  
597 Advertising \$ \_\_\_\_\_  
255 Auto Expenses \$ \_\_\_\_\_  
260 Phone Expenses \$ \_\_\_\_\_  
    Conservation \$ \_\_\_\_\_

**OTHER INCOME**

Salary from W-2s: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Alimony Received \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Social Security Benefits: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement Distributions: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
**Economic Stimulus Refund:** \_\_\_\_\_ \$ \_\_\_\_\_  
 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	\$ _____

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## 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	\$ _____
	\$ _____

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Business Use Auto Mileage \_\_\_\_\_

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### 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) _____

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## 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 2014 on qualified student loans \$ \_\_\_\_\_

### Medical Savings Account:

Contributions for 2014 \$ \_\_\_\_\_

### Health Insurance:

Everyone on the return was covered by health insurance all year?  Yes  No / Partial

### Any additional information not included on these forms:

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

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