

## 2024 FARM INCOME AND EXPENSE WORKSHEET

**Principal Product** \_\_\_\_\_

- 1. Milk (Gross sales)      \$ \_\_\_\_\_
- 2. Crops \_\_\_\_\_
- 3. Patronage Dividends  
    (attach statements) \_\_\_\_\_
- 4. Ag Govt. Payments \_\_\_\_\_
- 5. Crop Insurance Received \_\_\_\_\_
- 6. Custom (Machine) Work \_\_\_\_\_
- 7. Gas Tax Refunds \_\_\_\_\_
- 8. Farmland Preservation \_\_\_\_\_
- 9. Other Farm Income: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Health Insurance Premiums \_\_\_\_\_  
(not pre-tax on W-2)

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

I have read and understand the  
"Business or Hobby" worksheet.    **Yes No Initial:** \_\_\_\_\_

Did you make payments in 2024 which  
require you to file Form(s) 1099?    **Yes No Initial:** \_\_\_\_\_

If so, have 1099's been prepared?    **Yes No Initial:** \_\_\_\_\_

**SIGNATURE – PLEASE SIGN**

I certify that all the information listed is correct  
and complete, and may be relied upon to prepare  
my income tax returns.

\_\_\_\_\_  
(Taxpayer's Signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

- 1. Car/Truck Expenses      \$ \_\_\_\_\_
- 2. Chemicals \_\_\_\_\_
- 3. Conservation Expenses \_\_\_\_\_
- 4. Custom (Machine) Hire \_\_\_\_\_
- 5. Employee Benefits \_\_\_\_\_
- 6. Feed Purchased \_\_\_\_\_
- 7. Fertilizers/Lime \_\_\_\_\_
- 8. Hauling/Trucking \_\_\_\_\_
- 9. Gas/Fuel/Oil  
    Gallons of Gas \_\_\_\_\_
- 10. Insurance- Farm \_\_\_\_\_  
        - Crop \_\_\_\_\_
- 11. Interest: Mortgage \_\_\_\_\_  
                Other \_\_\_\_\_
- 12. Labor Hired(W-2 wages) \_\_\_\_\_  
        Labor Hired (non W-2) \_\_\_\_\_
- 13. Rent/Lease: Eqpt. \_\_\_\_\_  
                        Land \_\_\_\_\_
- 14. Repairs/Maintenance \_\_\_\_\_
- 15. Seeds/Plants Purchased \_\_\_\_\_
- 16. Storage/Warehousing \_\_\_\_\_
- 17. Supplies/Small Tools \_\_\_\_\_
- 18. Taxes:    Real Estate \_\_\_\_\_  
                Payroll \_\_\_\_\_
- 19. Utilities: Telephone \_\_\_\_\_  
                        Electricity \_\_\_\_\_
- 20. Vet/Breeding/ Medicine \_\_\_\_\_
- 21. Tax Preparation \_\_\_\_\_
- 22. Garbage/Sanitation \_\_\_\_\_

Additional Expenses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_