

FARM SCHEDULE F

Year _____

Client Name: _____

Principal Product _____

Income

Sale of livestock/other item _____
 Cost of items bought for resale _____
 Sales of products you raised _____
 Co-op total Distribution _____
 Co-op taxable _____

Expenses

Car/Truck Expenses _____
(if not using mileage)
 Chemicals _____
 Credit Card Fees _____
 Contract Labor _____
 Depreciation _____
 Employee Benefits _____
 Feed _____
 Fertilizers and Lime _____
 Freight and Trucking _____
 Gas, Fuel and Oil _____
 Health Insurance _____
 Insurance _____
(Wkrs Comp, Liability)
 Mortgage Interest _____
 Other Interest _____
(bus credit card, etc)
 Legal & Prof Fees _____
 Office Expenses _____
 Pension/Profit Sharing _____
 Vehicle or Mach Rentals _____
 Rent *(other)* _____
 Taxes *(Sales, Property, etc)* _____
 Travel _____

Number of miles driven
 For business _____

Beginning Inventory _____
 Purchases (Less Personal) _____
 Materials & Supplies _____
 Other Costs _____
 Ending Inventory _____
 Cell Phone _____
 Supplies _____
 Education (Continuing, etc) _____
 Tools _____
 Small Equipment _____
 Safety Equipment _____
 Taxes _____
 Repairs and Maint _____
 Utilities _____
 Storage _____
 Seeds and Plants _____
 Materials _____

Office in the Home
 Total Square Ft of Home _____
 Total Square Ft of Office _____
 Homeowners/Renters Insur _____
 Rent _____
 Repairs & Maintenance _____
 Property Taxes _____
 Mortgage Interest _____
 Utilities _____
(Cable, Water, Phone, Garbage, Electricity)

Signature

Date