



KWG ADVISORS

YOUR PERSONAL CFO

FARM TAX ORGANIZER

	(Taxpayer)	(Spouse)
First & Last Name	_____	_____
Soc. Sec. Number	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Email	_____	_____
Phone Number	_____	_____

Farm Income

Sale of Feeder Livestock & Other Resale Items

Description	Date Acquired	Cost	Sale Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sale of Breeding Stock, Horses, or Machinery

Description/Quantity	Date Acquired	Raised (Y/N)	Cost	Date Sold	Sale Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Sale of Livestock (no breeding stock), Produce, Grain, & Other Raised Products

Grain, Hay, Straw	\$ _____	Steers, Feeders, Calves*	\$ _____
Dairy*	\$ _____	Sheep	\$ _____
Hogs*	\$ _____	Wool	\$ _____

**If stock was raised and held for more than two years, list the descriptions and sale amounts on the last page.*

All Other Farm Income

Patronage Dividends	\$ _____	Federal Gas Credit	\$ _____
Ag Program Payment	\$ _____	State Gas Credit	\$ _____
CCC Loan	\$ _____	Custom Work Income	\$ _____
Crop Insurance Proc.	\$ _____	Farm Insurance Proc. (not crop)	\$ _____
Deferred last year?	\$ _____	Any Other Farm Income	\$ _____

Farm Expenses

Chemicals	\$ _____	Gas, Fuel, Oil	\$ _____
Conservation Expenses	\$ _____	Insurance – farm	\$ _____
Custom Hire	\$ _____	Insurance - crop	\$ _____
Employee Benefits	\$ _____	Insurance – other	\$ _____
Feed	\$ _____	Mortgage Interest	\$ _____
Fertilizer/Lime	\$ _____	Interest - other	\$ _____
Freight/Trucking	\$ _____	Pension/profit sharing	\$ _____
Rent/Lease – Equipment	\$ _____	Rent/Lease – land, animals	\$ _____
Repairs/Maintenance	\$ _____	Seed	\$ _____
Storage/Warehousing	\$ _____	Supplies	\$ _____
Taxes	\$ _____	Utilities (Elec, Water, Phone)	\$ _____
Veterinary	\$ _____	Legal/Professional	\$ _____
Cell phone	\$ _____	Wages (W2 employees)	\$ _____
ASCS Payback	\$ _____	Payroll Taxes	\$ _____
Dues/Subscriptions	\$ _____	Advertising	\$ _____
Farm Vehicle Expenses	\$ _____	Crop Ins. Prem. Withheld	\$ _____
(_____)	\$ _____	(_____)	\$ _____

Purchases of Equipment/Machinery

Description	Purchase Date	New/Used	Cash Paid (if traded, boot only)	Item Traded
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Purchases of Breeding Stock, Horses & Dairy

Description/Quantity	Purchase Date	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Animals Purchased for RESALE ONLY and DIED

Description/Quantity	Purchase Date	Original Cost	Date Died
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Farm Rental

Did you rent your farm out? YES NO Did you actively participate in the farm rental activities? YES NO

Cash Rent Received \$ _____ Do you have a crop share agreement? YES NO

Expense	Amount	Expense	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Other Information

of gallons of gasoline purchased for non-highway use: _____ Unleaded _____ Ethanol

Total health insurance premiums paid for you and your family: \$ _____

Are you or your spouse covered or offered an employer health insurance plan? YES NO

Are you interested in deferring crop insurance proceeds? YES NO

Are you interested in Section 179 to expense capital purchases this year to reduce tax if possible? YES NO

Are you interested in using Farm Income Averaging if possible to reduce current tax liability? YES NO

If you have a net operating loss on the farm, would you like to pay Optional Self-Employment taxes? (This will help your potential to qualify for tax credits and Social Security benefits in the future.) YES NO

NOTE: You are required to issue a Form 1099 to any individual, company, contractor, etc. (not corporations) if you paid them \$600 or more in the year for rent, interest, or services. These forms are due to the recipients no later than January 31. The penalty for not issuing these forms as required may result in high penalties.

If you may get a tax refund, please complete the following:

_____ I would like to receive my refund check in the mail.
 _____ I would like to apply my refund to next years taxes.
 _____ I would like my refund to be direct deposited.

Bank Name _____
 Account Type Checking Savings
 Routing # _____
 Account # _____