Farm Income Schedule F Information Sheet – Tax Year 2024

Taxpayer Name:			SSN:						
Principal Crop or Activity:									
Owner: Taxpayer Spouse									
Accounting Method: Cash Ac	crual Acq	uired	in 2024?						
Income:									
Sale of Livestock you PURCHASED for RESALE :	\$			_					
Cost of Livestock Sold: \$	ost of Livestock Sold: \$ Date Livestock Purchased:								
Sales of Livestock, Produce, Grains and other F	Products you RAISED	: \$							
Cooperative Distributions (1099-PATR)									
Agricultural Program Payments: \$		_							
Commodity Credit Corporation (CCC) Loans Re	ported: \$		CCC Loans Forfeited:						
Crop Insurance Proceeds and Federal Crop Dis	aster Payments: \$								
Other Income, including federal and state gasc									
Other income, including rederal and state gast	of the tax credi	it Oi i	eiuliu. 7						
Expenses:									
required to save actual receipts*		*Cred	it card and bank statements are not substantial supp	ort for expenses. You ai					
Y N Are you claiming <u>all</u> expense									
Y N Do you have any business lo									
List all expenses below: (add additional categories a Expense	s needed, however do no t Amount	t use tl	ne terms "Other" or "Miscellaneous") Expense	Amount					
	Amount			Amount					
Car and Truck			Other Interest						
Chemicals			Labor Hired (1099-NEC issued) Y N						
Conservation Expenses			Rent or Lease- Vehicles, Machinery,						
Depreciation and Section 179			Equipment Rent of Lease- Land, Animals						
Depreciation and Section 179			·						
Feed			Repairs and Maintenance						
Fertilizers and Lime			Seeds and Plants						
Freight and Trucking			Storage & Warehousing						
Gasoline, Fuel, and Oil			Supplies						
Insurance (other than health)			Taxes Paid						
Interest- Mortgage			Veterinary, Breeding, and Medicine						

Asset Purchases / Disposals:

		Assets Purchased (Large Purchases)	
Date	Purchase Price	Description	Business %
	\$		
	\$		
		Assets Sold / Disposed	
Date	Sale Price	Item Sold / Disposed	Sold/Scrapped
	\$		
	\$		

	\$									
	\$									
would be nee	der to d eded to	leduct mileage for au justify the write off j	for the expense in th		hich details mileage driven for busine	ess purposes. This log				
		Mileage: Business	Miles	_ Commuting Miles	Total Miles					
		Description of Veh	icle: Year:	Make/Model:						
Y] N	Was your vehicle available for personal use during off-duty hours?								
Y] N	Did you (or your spouse) have another vehicle available for personal use?								
Signature I verify that		formation provide	d in this documer	nt is true and correct to the	best of my knowledge. I underst	and that any				
questions n	not ans	swered will be assu	med "no."							
Owner Sign	nature			Date						