STOP!!!!

Only fill out this worksheet if you are a <u>self-employed</u> Farmer and do not receive W-2 as a Farmer!

OR

If you receive W-2 income in one of the following States: AL, AK, CA, HI, IA, MN, NY, & PA as a Farmer!

Notes for special situations:

- If you are both self-employed and receive a W-2 as a Farmer from one of the above mentioned states You must complete two copies separating self-employment expenses and travel from W-2 expenses and travel.
- If both of you and your spouse are self-employed Fill out a separate worksheet for each of your businesses. If you have some shared experiences, like internet access for example, just write the word "shared" or "both" next to the expense
- If you have an expense that relates to your W-2 work and your Non-W-2 self-employment Fill in only the amount that applies to your self-employment, or if unsure how to allocate just put a ? besides the number and we'll review it with you.
- Do not send receipts with your worksheets. Keep them in your file at home.

Lincoln Tax Professionals, LLC Taxpayer's Name _____ Matthew P Lincoln, EA Ryan Jenkins, EA Tax Year ____ 301-371-5104 (Phone) 888-897-4080 (Fax) office@lincolntax.com **Farming Expense Worksheet** We will need the following items to prepare your tax return. Please list all business expenses **Income Received** Distributions from co-ons \$ Cach Sales

Casii Sales			1	D		
Agricultural Program Paymen			CCC Loans	\$		
Crop Insurance Proceeds	\$		Other Income	\$		
Stimulus Relief Payments	received in 20	20 : PPP Loan \$_	EDIL Loan \$			
General Expenses						
		Cost				Cost
Tax Preparation		\$	\$ Internet Access		\$_	
Personal land line phone (Tota	ıl Year)	\$	Cell Phone (Total Year, Yo	our Line Only)	\$_	
What % do you use land line f	for business?	%	What % do you use cell ph	none for business?		%
Business Insurance (Not	vehicle or heal	th)				
`		Cost				Cost
Liability Insurance		\$	Umbrella Insurance		\$_	
Workman's Compensation Ins	urance	\$	Barn and Outbuilding Insu	ırance	\$_	
Farm Insurance		\$			\$_	
<u>Supplies</u>						
	Cost	Related Mileage		Cost		Related Mileage
Chemicals	\$		Office Supplies	\$		
Feed Purchased	\$		Seeds and Plants	\$		
Fertilizers and Lime	\$		Farm Equipment Fuel	\$		
			Undyed/Clear Farm Equipment Gas # of gallons Diesel # of gallon	t Fuel		
Freight and Trucking	\$		Farm Utilities (not equipment fuel)	\$		
Vet/Medicine	\$			<u> </u>		
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Computer and Othe	r Equipn		Related	List each item over \$2,5	00 separately.			r items. Related
C 11 T 1 0 F '	4	Cost	Mileage				Cost	Mileage
Small Tech & Equipme (Total all items under \$2)		\$				\$_		
Computer Software / U (Include Anti-virus - Se		\$				\$_		
Web/Domain Fees		\$				\$_		
Professional Expens	<u>es</u>		D alata d					Dalatad
		Cost	Related Mileage				Cost	Related Mileage
Business Meals Local		\$		Storage/Warehouse		\$_		
Meeting Expenses		\$		Interest Paid on Farm C	redit Card	\$_		
Business Meals Overnig	ght (See Tr	avel Chart)	Licenses		\$_		
Business Gifts (\$25/per	son/year)	\$		Farrier		\$_		
Equipment Repair		\$		Animals Purchased (list on separate page)				
Rent/Lease of Equipme	nt			Equipment Purchased (list on separate page)				
Repair/Maintenance on	Farm			Taxes on Farmland		\$_		
Continuing Education	on & Gra	duate Scl	<u>hool</u>					
	Tuition Pai	id By You	Tuition Reimbursed	Books and Supplies	# of Trips		Mileage	One Way
Spring	\$		\$	\$				
Summer	\$		\$	\$				
Fall	\$		\$	\$				
Other	\$		\$	\$				
Other Mileage – If y	our busir	iess has n	Related	ease ask us for our Ve	hicle Chart			Related
			Mileage					Mileage
								
Total vehicle mileage f (Odometer on Dec 31 n			n 1)	Total miles spent on	regular daily o	comm	nute	
_ = = = = = =		•-	,	Office Use Only -	- Total Rolata	d M	ileage	

Travel Chart Category expenses should be totaled per trip

# of <u>DAYS</u> Gone Over Night	City/State	Expenses from Plane, Train, Subways, Rental Car, Taxi, Uber, Lyft	Lodging Expenses	Tolls Parking	Miles Driven in Personal Vehicle	Amounts Reimbursed , If Any, or NONE	Office Use Only
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	

Office in Home

Not everyone qualifies to take an office in home deduction. You must work from home for the <u>convenience of your employer</u> AND <u>not have a dedicated office space</u> you could go in and work at. Ask us if you think you qualify.

Mortgage Interest	Bring your End of Year 1098 Mortgage Statement
Total Rent Paid For the Year	\$
Homeowners/Renters Insurance	\$
HOA/Condo Association Fees	\$
Trash Pick-up	\$
Security	\$
Square footage of office space (including storage)	FT^2

Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Repairs & Maintenance to the office space	\$
Repairs & Maintenance to your home	\$
Improvements to the office space	\$
Improvements to your home	\$

Square footage of the finished space in your home including the office space.	FT^2
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If you move during the year please separate your Home Offices Date you moved into your new residence:

Mortgage Interest NEW HOME	Bring your End of Year 1098 Mortgage Statement
Total Rent Paid For the Year	\$
Homeowners/Renters Insurance	\$
HOA/Condo Association Fees	\$
Trash Pick-up	\$
Security	\$
Square footage of office space (including storage)	FT ²

Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Repairs & Maintenance to the office space	\$
Repairs & Maintenance to your home	\$
Improvements to the office space	\$
Improvements to your home	\$

Square footage of the finished space in your home including the office space.	FT ²
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Fringe Benefit Programs & Empl	oyee Compensation		
Code Sec 105 Approval Form		HSA Contributions	
Pension Contributions Pension Type	\$ 	your payroll (Form	Payroll if we do not preparts W-3, W-2, 941 / 944 / 94 r end payroll journal)
If these are not currently in place, are a season.	ppropriate and you qualify, we v	will set up a separate appointment t	o discuss after the tax
Other Expenses – Expenses you'r	e not sure where to categori Cost	ize or not sure if you can dedu	e ct Cost
	\$		Ф
	¢		¢
	<u> </u>		•
	\$		\$
	\$		C
	\$		\$
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	\$\$ \$\$		\$\$ \$\$ \$\$
	\$\$ \$\$ \$\$		\$\$ \$\$ \$\$ \$\$

Additional Notes or Questions:

Other Issues