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January 15, 2020

Subject: Preparation of your 2019 Tax Return

Dear Client:

Income tax time is just around the corner. The tax organizer and questionnaire have been prepared to assist you in gathering information for your 2019 tax return. Please review the entire packet and answer any questions that apply.

Please bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. The IRS requires that I report your driver's license or other state-issued photo identification information on your tax return.

I appreciate your trust in my firm. Please feel free to contact me at (479) 966-4277 if you have any questions or need additional information.

Sincerely,

Rebecca Boss

Rebecca Boss
Rebecca Boss, CPA, PLLC

2019 Summary Organizer Personal and Dependent Information

Personal Information

Name		SSN	Date of birth
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation		Daytime phone	Evening phone
Taxpayer email			
Spouse email			

Marital Status at end of 2019

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er) If spouse died in 2019 enter the date of death _____

Other information

- Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return _____

Estimates

	Date paid	Federal	Amount	Date paid	Resident state	Amount	Date paid	Resident city	Amount
Overpayment applied from 2018									
First quarter									
Second quarter									
Third quarter									
Fourth quarter									
Additional payments									

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2019 appointment is scheduled for _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- ☐ ☐ Did your marital status change during the year?
If "Yes," explain _____
- ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- ☐ ☐ Did you have any changes in dependents during the year?
If "Yes," explain _____
- ☐ ☐ Can another person qualify to claim any of your dependents?
- ☐ ☐ Did you have any childcare expenses during the year?
- ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- ☐ ☐ Did any member of your household have healthcare coverage through the Marketplace?
If "Yes," provide copies of Form 1095-A.
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- ☐ ☐ Did you receive any tips not reported to your employer?
- ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ Did you cash any U.S. savings bonds during the year?
- ☐ ☐ Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- ☐ ☐ Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?
- ☐ ☐ Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- ☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?
- ☐ ☐ Did you abandon a principal residence or a piece of real property during the year?
- ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?
- ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?

Questionnaire

Name:

SSN:

Questionnaire

- ☐ ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

Yes No

- ☐ ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ ☐ Did you donate a boat or vehicle during the year?
- If "Yes," attach Form 1098-C.
- ☐ ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

Yes No

- ☐ ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- ☐ ☐ ☐ Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

Yes No

- ☐ ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes No

- ☐ ☐ ☐ Did you incur a gain or loss due to damaged or stolen property?
- If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ ☐ Did you make gifts to any one person in excess of \$15,000 during the year?
- If "Yes,"
- Yes No
- ☐ ☐ ☐ Are you splitting the gift with your spouse?
- ☐ ☐ ☐ Did you incur moving expenses during the year?
- ☐ ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?

Questionnaire

Name: _____

SSN: _____

Questionnaire

- ☐ ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ ☐ Did you apply an overpayment of your 2018 taxes to your 2019 estimated taxes?
- ☐ ☐ ☐ If you have an overpayment of 2019 taxes, do you want the refund applied to your 2020 estimated taxes?
- ☐ ☐ ☐ Did you make any estimated payments toward your 2019 taxes?
- ☐ ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- ☐ ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ ☐ Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information**Yes No**

- ☐ ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ ☐ Did you own property in a foreign country?
- ☐ ☐ ☐ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Additional Questions**Yes No**

- ☐ ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
If yes, provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If yes, attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If yes, attach Form 1099-K or Form W-2.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.
- ☐ ☐ ☐ Do you anticipate your income or withholdings to be different for 2020?

Preparer Notes

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2019?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages	2018 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution	2018 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes☐ No**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

Payer name	2019 amount	2018 amount

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Description of property:

Date acquired Date sold

2019

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale	1,000	1,000
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Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

Other Income and Adjustments

Name:

SSN:

Other Income

☐ Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 Spouse
Scholarships or grants not reported on Form W-2				
State income tax refund (attach Forms 1099-G)				
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2019				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
ABLE distributions				
Other income: _____				

Adjustments

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Contributions made to a Self-Employed Pension plan (SEP)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Interest paid on a student loan				
Other adjustments: _____				

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2019	2018
Number of miles from old home to old workplace		
Number of miles from old home to new workplace		
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)		

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2019

☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2019

☐ Yes ☐ No

You filed Forms 1099 for the individuals

Income

	2019	2018		2019	2018
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____			

Expenses

	2019	2018		2019	2018
Advertising	_____	_____	Travel	_____	_____
Car & truck expenses	_____	_____	Total meals	_____	_____
Commissions & fees	_____	_____	Utilities	_____	_____
Contract labor	_____	_____	Wages	_____	_____
Depletion	_____	_____	Other expenses (list)	_____	_____
Employee benefit programs	_____	_____			
Insurance (other than health)	_____	_____			
Interest - mortgage	_____	_____			
Interest - other	_____	_____			
Legal & professional services	_____	_____			
Office expenses	_____	_____			
Pension & profit sharing plans	_____	_____			
Rent or lease (vehicles, machinery, & equipment)	_____	_____			
Rent (other business property)	_____	_____			
Repairs & maintenance	_____	_____			
Supplies	_____	_____			
Taxes & licenses	_____	_____			

Cost of Goods Sold

	2019	2018		2019	2018
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____			

☐ There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2019 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2019	2018		2019	2018
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses		Rental and homeowner expenses	
Advertising				
Auto & travel				
Cleaning & maintenance				
Commissions				
Insurance				
Legal & professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Depletion				
Other expenses (list)				

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____

Date vehicle was placed in service _____

Yes No

☐ ☐ This vehicle is available for use during off-duty hours☐ ☐ Another vehicle is available for personal use

Yes No

☐ ☐ There is evidence to support your deduction☐ ☐ The evidence is written

Number of miles the vehicle was driven during 2019

2019

2018

Business _____

Commuting _____

Other _____

Number of miles driven in prior years

2019

2018

Business _____

Total _____

2019

2018

Garage rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

2019

2018

Repairs _____

Tires _____

Tolls _____

Lease addback _____

Other expenses _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

☐ The daycare facility was in operation for the entire year**Expenses**Office expenses
2019 2018Home expenses
2019 2018

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Asset Listing for 2019

Name:

SSN:

Assets for:

[illegible]

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	2019 Mortgage interest received	2018 Mortgage interest received	2019 Mortgage insurance premiums	2018 Mortgage insurance premiums	2019 Real estate taxes paid	2018 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employee Business Expenses

- ☐ You are a qualified performing artist
☐ You are a fee-based state or local government official
☐ You are a disabled employee with impairment-related work expenses
☐ You are a reservist

☐ You are a member of the clergy
☐ You used your personal vehicle for your job during 2019

	NOT reimbursed by your employer		Reimbursed by your employer not included on your W-2	
	2019	2018	2019	2018
Parking fees, tolls, local transportation	_____	_____	_____	_____
Meals	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____	_____	_____
Other business expenses	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
_____	_____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

☐ This farm was disposed of during 2019☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm☐ Yes ☐ No You filed Forms 1099 for the individuals**Income**

	2019	2018		2019	2018
Sale of livestock / other items	_____	_____	Custom hire income	_____	_____
Cost of items bought for resale	_____	_____	Beginning inventory for accrual	_____	_____
Sale of products you raised	_____	_____	Ending inventory for accrual	_____	_____
Total cooperative distributions	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments	_____	_____	Other income	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2019	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2020				_____	_____
Amount deferred from 2018	_____	_____		_____	_____

Expenses

	2019	2018		2019	2018
Car & truck expenses	_____	_____	Repairs & maintenance	_____	_____
Chemicals	_____	_____	Seeds & plants purchased	_____	_____
Conservation expenses	_____	_____	Storage & warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers & lime	_____	_____	Veterinary, breeding, & medicine	_____	_____
Freight & trucking	_____	_____	Other expenses	_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Non-W-2 labor hired	_____	_____		_____	_____
W-2 wages paid	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

☐ This farm was disposed of during 2019**Income**

	2019	2018		2019	2018
Income from production of livestock, grains, and other crops	_____	_____	Crop insurance proceeds:		
Total cooperative distributions	_____	_____	Amount received in 2019	_____	_____
Total agricultural payments	_____	_____	<input type="checkbox"/> You elect to defer to 2020		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2018	_____	_____
CCC loans reported	_____	_____	Other income	_____	_____
CCC loans forfeited	_____	_____		_____	_____

Expenses

	2019	2018		2019	2018
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses (list)		
Freight & trucking	_____	_____	_____	_____	_____
Gasoline, fuel, & oil	_____	_____	_____	_____	_____
Insurance (other than health)	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other	_____	_____	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____	_____	_____
Pension & profit-sharing plans	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____	_____