

# LET'S TALK ABOUT TAX

Trenda B. Hackett, CPA

January 2010

**With the new tax law changes you could qualify for a **TAX REFUND** of up to **\$15,000 or more!!!****

**Call your CPA today!!!**

## New Tax Benefits

[New Vehicle Sales Tax](#)  
[Economic Recovery Payment](#)  
[First-Time Homebuyer Credit](#)  
[Residential Energy Credit](#)  
[Education Credit](#)  
[Increased Earned Income](#)  
[Child -Tax Credit](#)  
[Unemployment Benefits](#)  
[Government Retiree credit](#)  
[Making Work Pay Credit](#)

and much, much more.....



Money still doesn't grow on trees.

**...but you can come to us for a tax refund loan and get your money FAST!!**

**Get your cash FAST!**

We'll prepare your tax return and file it electronically so you get your money fast...sometimes even the same day!

Don't Have **TIME** to **TAKE OFF WORK** and **STAND** and **WAIT** in Long Lines to Have Your Taxes Done?

It does not matter where you live we can do your taxes!!!

**FAX, EMAIL OR MAIL YOUR INFORMATION TO US TODAY AND WE WILL GET YOUR TAXES DONE IN A FLASH!!!**



## Haven't Received Your W-2

Fax OR Email your last pay stub to our office and we will give you a free estimate of your refund

**Our Process is Simple as 1 2 3**

1. Complete and sign our General Information Packet
2. Gather all of your tax documents according to our checklist
3. Fax, Email or Mail your General information Packet along with your tax documents to our office

**And we will get your taxes done in a FLASH!!!!**

**Call Your CPA today!!!!**

**Trenda B. Hackett, CPA**  
**Let's Talk About Tax, LLC**  
**P.O. Box 2258**  
**Wylie, TX 75098**

**Phone:** 972-588-8TAX (8829)

**Toll-Free Fax:** 1-866-683-5126

**Email:** [2010taxhelp@trendahackettcpa.com](mailto:2010taxhelp@trendahackettcpa.com)

**Website:** [www.trendahackettcpa.com](http://www.trendahackettcpa.com)

Trenda B. Hackett, CPA

2009 Tax Preparation Checklist

1. Call or visit our website to schedule an appointment. (We offer 30 minute phone appointments for free, any time after the first 30 minutes will be charged at a rate of \$95 per hour on a prorated bases)
2. Complete a taxpayer general information sheet and sign. If an items does not apply to you please indicate N/A.
3. If you are a new client, we will need a copy of 2008 tax return or a copy of the last tax return you filed.
4. Provide all of your tax statements that you receive in the mail. If you have not received your tax statements by January 31, 2009, contact the payor/payees to determine if they have been mailed.
5. Make available the items listed in the checklist below that are applicable to you. If an item on the check list is not applicable to you or if you have a question about an item please email or call our office.
6. Fax, email or mail information to our office.

**Personal Data**

- Photocopy of Social Security cards for self and others (including spouse and/or other dependents). Repeat customers only provide copy if dependents have changed from the previous year.
- Photocopy of birth certificate for all dependents (Repeat customers only provide copy if dependents have changed)
- Photocopy of drivers license
- Childcare providers: Name, address and Tax ID or Social Security number

**Employment and Income**

- W2 forms for the filing year
- Unemployment compensation: Form 1099-G
- Miscellaneous income including rent received: Form 1099-MISC
- Partnership, S Corporation and Trust income: Schedule K-1
- Pensions and Annuities: Form 1099-R
- Social Security Benefits: Form SSA-1099
- Railroad Retirement Benefits: Form RRB-1099
- Alimony received
- Jury duty pay
- Gambling and lottery winnings: Form W-2G
- Prizes and awards
- State and local income tax refunds: Form 1099-G
- Interest income statements: Form 1099-INT and 1099-OID
- Dividend income statements: Form 1099-DIV
- Proceeds from stock transactions: Form 1099-B
- Income from Cancellation of Debt: Form 1099-C
- Retirement plan distribution: Form 1099-R

**Homeowner/Renter**

- Residential address(es)
- Closing statement for purchase of home during 2009 or 2010
- Mortgage interest paid: Form 1098
- Sale of home or other real estate: Form 1099-S plus all records related to improvements or other expenses that may be taxable or reportable
- Second Mortgage interest paid
- Home Equity Line/Loan interest paid
- Real Estate taxes paid
- Moving expenses if related to work



# GENERAL INFORMATION SHEET

**Items you will need to have tax return prepared:**

1. **2 forms of I.D. – One must be a picture I.D.**
2. **Copies of W-2(s) and 1099 forms received and any other records of income, deductions and credits**
3. **Social Security cards for all dependents claimed on the return**

TAXPAYER'S FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
SPOUSE'S FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NO.R	DATE OF BIRTH
PRESENT MAILING ADDRESS			CITY	STATE    ZIP CODE

**FILING STATUS: CHECK ONE**

- SINGLE                       MARRIED FILING SEPARATE                       HEAD OF HOUSEHOLD  
 MARRIED FILING JOINT     WIDOW(ER) WITH DEPENDENT CHILD: Date of spouse's death: \_\_\_\_\_

**DEPENDENTS: (AVOID DELAYS –Enter information exactly as shown on social security card. Be sure give correct date of birth)**

FIRST NAME	LAST NAME	Date of Birth	Social Security Number	Relationship	Mos. In Home	Dependent Disabled (Yes or No)	Dependent Gross Income Amount	Dependent? (Yes or No)

**EMAIL ADDRESS:** \_\_\_\_\_ (You tax copies will be emailed to you)

TAXPAYER'S OCCUPATION \_\_\_\_\_ Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

SPOUSE'S OCCUPATION \_\_\_\_\_ Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

ARE YOU LEGALLY BLIND?  YES  NO    ARE YOU PERMANENTLY AND TOTALLY DISABLED?  YES  NO

IS YOUR SPOUSE LEGALLY BLIND?  YES  NO    IS YOUR SPOUSE PERMANENTLY AND TOTALLY DISABLED?  YES  NO

IS THIS TAX RETURN BEING FILED FOR A DECEASED TAXPAYER?  YES  NO    If yes, enter the date of death \_\_\_\_\_

DO YOU WANT US TO FILE YOUR STATE TAX RETURN?  YES  NO    If yes, indicate state \_\_\_\_\_

DO YOU WANT DIRECT DEPOSIT? \_\_\_\_\_ IF SO, YOU MUST PROVIDE A VOIDED CHECK OR A SAVINGS ACCOUNT NO. AND A 9 DIGIT ROUTING TRANSIT NO.

DO YOU WANT A REFUND ANTICIPATION LOAN (RAPID REFUND)?  YES  NO

I declare that I have provided the information on the front and back of this sheet, and to the best of my knowledge; it is true, correct, and complete. I have submitted my Federal Income Tax return to be electronically transmitted to the IRS Service Center. I understand that my return will be filed under the regular "paper" procedures if it is not accepted for transmission by the IRS.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

# GENERAL INFORMATION SHEET

Check Yes or No to all questions below

- YES  NO 1. Can someone else claim you (or your spouse) as a dependent on their tax return?
- YES  NO 2. Have you ever been denied Earned Income Credit by IRS in past years?
- During 2009 did you (or your spouse if filing a joint return):
- YES  NO 3. Buy a brand new vehicle? If yes, date of purchase \_\_\_\_\_ (Provide a copy of the Bill of Sale)
- YES  NO 4. Buy a new home? If yes, enter the closing date \_\_\_\_\_ (Provide a copy of the Closing Statement)
- YES  NO 5. Have a foreclosure or did the bank cancel any part of your loan?
- YES  NO 6. Entered a settlement with credit card your company to pay off debt at a lesser amount than owed?
- YES  NO 7. Receive an Economic Recovery check from Social Security Administration, Railroad Retirement Board or Veterans Administration? If yes, how much?  \$250  \$500
- YES  NO 8. Are you or your spouse a Government Retiree?
- YES  NO 9. Purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.)
- YES  NO 10. Pay college tuition for yourself, your spouse or your dependents? If yes, attach Form 1098-T.
- YES  NO 11. Have any student loans or paid interest on any student loans?
- YES  NO 12. Qualify for Earned Income Credit. If yes, please complete the EIC Eligibility Checklist and sign and attach.
- Income - In 2009 did you (or your spouse if filing a joint return) receive:
- YES  NO 13. Wages or Salary (Attach Form W-2)
- YES  NO 14. Tip Income
- YES  NO 15. Scholarships
- YES  NO 16. Interest/Dividends from checking or savings accounts, bonds, CDs, brokerage, etc. (Attach 1099-INT/1099-DIV)
- YES  NO 17. State Tax Refund: If yes, did you itemize your deductions on your 2008 tax return? State Refund Amt \_\_\_\_\_
- YES  NO 18. Self-Employment Income (contract labor, small business, hobby etc.)? Form 1099-MISC & your own records
- YES  NO 19. Alimony Income, Enter amount: \_\_\_\_\_
- YES  NO 20. Proceeds from the Sale of Stocks/ Bonds (Form 1099-B and Sale of Real Estate (Form 1099S) (including your home)
- YES  NO 21. Proceeds from Sale of Business Assets and Property
- YES  NO 22. Disability Income
- YES  NO 23. Pensions, Annuities, and/or IRA Distributions (Form 1099-R)
- YES  NO 24. Social Security or Railroad Retirement Benefits ( Form SSA-1099)
- YES  NO 25. Income from Rental Property (from your records)
- YES  NO 26. Income from Farming (from your records)
- YES  NO 27. Income from Partnership/ S-Corporation/ Estates/Trusts (Attach Schedule K-1 from Partnership/ S-Corporation/ Estates/Trusts)
- YES  NO 28. Unemployment Benefits (Form 1099-G)
- YES  NO 29. Gambling Winnings (Form W-2G)
- YES  NO 30. Other Income: (lottery, prizes, awards, jury duty, settlements, etc. Specify: \_\_\_\_\_)
- Expenses - In 2009 did you (or your spouse if filing a joint return) pay:
- YES  NO 31. Alimony: If yes, do you have the recipients SSN? Enter the recipients SSN: \_\_\_\_\_
- YES  NO 32. Contributions to IRA, 401K, or other retirement account, including employer retirement account
- YES  NO 33. Educational expenses such as a computer, books, internet service etc.
- YES  NO 34. Classroom supplies, if you are a teacher
- YES  NO 35. Expenses for your non-farm business, if self-employed (Complete Business Information Sheet and attach)
- YES  NO 36. Expenses related to your rental property (Complete Rental Property Information Sheet and attach)
- YES  NO 37. Expenses related to your farm business (Complete Farm Information Sheet and attach)
- YES  NO 38. Expenses related to the business use of your home (Complete Business Use of Home Info Sheet and attach)
- YES  NO 39. Unreimbursed expenses related to your job from which you received a W-2(Complete Itemized Deduction sheet)
- YES  NO 40. Medical expenses (Complete Itemized Deduction Info Sheet)
- YES  NO 41. Home Mortgage Interest (Complete Itemized Deduction Info Sheet and Attach Form 1098)
- YES  NO 42. Real estate taxes on your home (Complete Itemized Deduction Info Sheet and Attach Form 1098)
- YES  NO 43. Charitable Contributions (Complete Itemized Deduction Sheet)
- YES  NO 44. Child and dependent care expenses (Attach statement from Day Care or Dependent Care Provider)
- YES  NO 45. Other Expenses that you are not sure about (Ask your CPA)
- YES  NO 46. Job-related moving expenses

I declare that I have provided the information on the front and back of this sheet, and to the best of my knowledge; it is true, correct, and complete. I have submitted my Federal Income Tax return to be electronically transmitted to the IRS Service Center. I understand that my return will be filed under the regular "paper" procedures if it is not accepted for transmission by the IRS.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

# GENERAL INFORMATION SHEET

## Earned Income Credit Eligibility Checklist

(Complete to determine if you qualify for Earned Income Credit)

<b>You may claim the EIC if you answer "Yes" to all the following questions.*</b>	Yes	No
<b>1.</b> Is your AGI less than: • \$43,279 if you have three or more qualifying children, (Max amount of EIC: \$5,657 for 3 or more children) • \$40,295 if you have two qualifying children, (Max amount of EIC: \$5,028 for 2 children) • \$35,463 if you have one qualifying child, or (Max amount of EIC: \$3,043 for one child) • \$13,440 if you do not a qualifying child? (Max amount of EIC: \$ 457 for no children)		
<b>2.</b> Do you, your spouse, and your qualifying child each have a valid SSN?		
<b>3.</b> Is your filing status married filing jointly, head of household, qualifying widow(er), or Single?		
<b>4.</b> Answer "Yes" if you are not filing Form 2555 or Form 2555-EZ. Otherwise, answer "No." Caution: If you or your spouse is a nonresident alien, answer "Yes" only if your filing status is married filing jointly.		
<b>5.</b> Is your investment income \$2,900 or less?		
<b>6.</b> Is your total earned income at least \$1 but less than: • \$43,279 if you have three or more qualifying children, • \$40,295 if you have two qualifying children, • \$35,463 if you have one qualifying child, or • \$13,440 if you do not a qualifying child?		
<b>7.</b> Answer "Yes" if you (and your spouse if filing a joint return) are not a qualifying child of another person. Otherwise, answer "No."		
<b>STOP: If you have a qualifying child, answer questions 8 and 9 and skip 10 – 12. If you do not have a qualifying child, skip questions 8 and 9 and answer 10 – 12.*</b>		
<b>8.</b> Does your child meet the age, residency, and relationship tests for a qualifying child?		
<b>9.</b> Is your child a qualifying child only for you? Answer "Yes" if your qualifying child also meets the tests to be a qualifying child of another person, but the other person is not claiming any child-related tax benefits using that child. Answer "No" if you do not know whether the other person is claiming any child-related tax benefits using that child.		
<b>10.</b> Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2009?		
<b>11.</b> Answer "Yes" if you (and your spouse if filing a joint return) cannot be claimed as a dependent on anyone else's return. Answer "No" if you (or your spouse if filing a joint return) can be claimed as a dependent on someone else's return.		
<b>12.</b> Was your main home (and your spouse's if filing a joint return) in the United States for more than half the year?		

**\*PERSONS WITH A QUALIFYING CHILD:**

- If you answered "Yes" to questions 1 through 9, you can claim the EIC. Remember to fill out Schedule EIC and attach it to your Form 1040 or Form 1040A. You cannot use Form 1040EZ.
- If you answered "Yes" to questions 1 through 8 and "No" to question 9, see Rule 9 to help you determine whether you can claim the EIC.

If you answered "Yes" to questions 1 through 7 and "No" to question 8, answer questions 10 through 12 to see if you can claim the EIC without a qualifying child.

**PERSONS WITHOUT A QUALIFYING CHILD:** If you answered "Yes" to questions 1 through 7, and 10 through 12, you can claim the EIC.

If you answered "No" to any question that applies to you: You **cannot** claim the EIC.

I declare that I have provided the information on this sheet, and to the best of my knowledge, it is true, correct, and complete. I have submitted my Federal Income Tax return to be electronically transmitted to the IRS Service Center. I understand that my return will be filed under the regular "paper" procedures if it is not accepted for transmission by the IRS.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

# GENERAL INFORMATION SHEET

## 2009 Itemized Deductions Information Sheet (Schedule A)

### Medical Expenses

Enter the amounts below for the **out of pocket** expenses paid for you, spouse and dependent during 2009. **Do not include** amounts covered by insurance.

Type of Medical Expense	2009 Amount	Type of Medical Expense	2009 Amount
Bandages		Birth Control pills prescribed by your doctor	
Body scan (MRI)		Equipment and home improvements for medical	
Diagnostic Service		Expense for an organ donor	
Eye surgery		Fertility enhancement, certain procedures	
Guide dogs or other animals		Hospital fees (lab work, therapy, nursing etc)	
Lead-based paint removal		Physical examination	
Legal abortion		Pregnancy test kit	
Legal operation to prevent having children (male or female)		Medical services (doctors, dentists, and other medical practitioners)	
Meals and lodging provided by hospital during medical treatment		Special items (artificial teeth, eye-glasses, contact lenses, hearing aid, crutches, wheelchair etc.)	
Prescription medicines		Stop-smoking programs	
Medicare Part D premiums		Treatment at a drug or alcohol center	
Health ins. premiums withheld on job		Wages paid for certain nursing services	
Health ins. premiums withheld from ret.		Weight-loss, required by doctor	
Health insurance premiums		Transportation for needed medical care	
Oxygen equipment and oxygen		<b>Total miles driven for medical care during 2009</b>	miles
		<b>Other Medical Expenses (Enter total)</b>	

### Taxes Paid

State and local income taxes paid with State Tax return in 2009	
Real estate taxes on personal residence	
Personal property taxes (vehicle registration and mobile home)	
Sales Taxes Paid on vehicle purchased during 2009	

### Interest Paid

Home mortgage interest paid to financial institutions (Attach Forms 1098)	
Home mortgage interest paid to individuals	
Name of Individual:	(Do not enter amt.)
Address of Individual:	(Do not enter amt.)

### Contributions

Cash contributions to Church	
Cash contributions to other non-profit, tax-exempt organizations	
Non-Cash contributions (Salvation army, donations of property, vehicle, stocks, bonds (provide details):	
Enter the total number of miles driven for charity related purposes during 2009	miles

**Casualty and Theft Losses .....Attach documentation**

### Miscellaneous and Other Itemized Deductions (Unreimbursed Job Expenses and Other)

Type of Expense	2009 Amount	Type of Expense	2009 Amount
Uniforms & Cleaning		Job Hunting expenses (resumes, travel, etc)	
Tax Preparation Fees		Union Dues, Business Publications and Journals	
Professional Dues and Fees		Small Tools use in our trade or business	
Business telephone and internet		Legal fees	
Education expenses		IRA Custodial fees & Fees charged by 401(k)	
Business Entertainment		<b>Other Deductions (Attach List with amounts)</b>	

# GENERAL INFORMATION SHEET

## Non-Farm Business Information Sheet

Enter the amount of income and expenses from your Non-Farm Business in 2009 on the lines below

**Principal business or profession** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**Employer ID Number:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

**Business is owned by:**  TAXPAYER  SPOUSE **Accounting Method:**  CASH  ACCRUAL  OTHER Specify \_\_\_\_\_

Did you materially participate in the business?  YES  NO Does your business purchase or make items for resale?  YES  NO

Is this the first year of the business?  YES  NO Check for business type:  Sole Proprietor  Corporation  Partnership

Has the business filed with for an LLC?  YES  NO If yes, indicate date filed and state \_\_\_\_\_

Income (Attach 1099's)	2009 Amount	Cost of Goods Sold	2009 Amount
Gross Receipts or sales		Beginning Inventory (1/1/2009)	
Sales returns and allow (refunds)		Purchases	
Other Income (List below):		Cost of items used personally	
		Cost of Labor	
		Materials and Supplies	
		<b>Other Costs (List below):</b>	
		Ending Inventory (12/31/2009)	
EXPENSES	2009 Amount	EXPENSES	2009 Amount
Advertising		Business Bad Debts	
Commissions and fees		Contract Labor (1099 issued)	
Employee benefits		Health insurance	
Mortgage Interest (Form 1098)		Other Insurance (buildings and etc)	
Other interest (loans, credit card)		Licenses	
Office Expense		Legal Fees	
Accounting Fees		Other Professional Fees	
Pension and profit sharing plans		Travel (lodging, airline tickets etc)	
Meals and entertainment		Consulting expenses	
Wages to employees		Payroll service fees (ADP, etc)	
Employee vehicle expense		Employee Mileage Reimbursement	
Client gifts (limit \$25 per client)		Education and seminars	
Cell Phone		Rent, equipment	
Rent, building		Vehicle Repairs and Maintenance	
Repairs and Maintenance		Equipment Repairs and Maint.	
Supplies		Payroll Taxes	
Utilities		Sales Taxes (if incl. in Gross Sales)	
<b>Business Equip. Purchase in 2009</b>	<b>Cost of Equip.</b>	Business Vehicle miles driven	<b>miles</b>
<b>(Attach purchase invoices)</b>		<b>Other Expenses (List Below):</b>	

# GENERAL INFORMATION SHEET

## Rental Property and Royalties Information Sheet

(Enter 2009 income and expenses from **rental of real estate** you owned, if you rent property other than real estate please enter on Business Information Sheet do not enter here, this sheet is only for Rental of Real Estate)

Address of Rental Property (If more than 4 properties, please copy this sheet and complete for additional properties)

A		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> Vacation Home
B		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> Vacation Home
C		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> Vacation Home
D		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> Vacation Home

Property is owned by:  TAXPAYER  SPOUSE  JOINT  OTHER, Please specify \_\_\_\_\_

Did you live in part of the rental property?  YES  NO If yes, what percentage did you occupy? \_\_\_\_\_

Vacation homes: **A.** No. of days rented \_\_\_\_ No. of days used personal \_\_\_\_ **C.** No. of days rented \_\_\_\_ No. of days used personal \_\_\_\_  
**B.** No. of days rented \_\_\_\_ No. of days used personal \_\_\_\_ **D.** No. of days rented \_\_\_\_ No. of days used personal \_\_\_\_

Did you file for LLC for this/these rental propert(ies)?  YES  NO If yes, enter date and state filed \_\_\_\_\_

### Income

Royalties Received (Enter total amount)	\$
---	----

(Enter amounts for each letter that corresponds to each property)

	A	B	C	D
<b>Rental Income</b>	\$	\$	\$	\$
<b>Expenses:</b>				
Advertising				
Association Dues				
Auto miles driven	miles	miles	miles	miles
Travel				
Cleaning & Maint.				
Commissions				
Insurance				
Legal & Professional				
Licenses & Permits				
Management Fees				
Mortgage Int. -Form 1098				
Other interest				
Repairs				
Supplies				
Property Taxes				
Utilities				
Other (description):				

### DEPRECIATION

Property	Date Purchased	Original Cost	Improvements	Date First Rented	Prior Depreciation (If new client)
A		\$	\$		
B					
C					
D					

# GENERAL INFORMATION SHEET

## Farm Business Information Sheet

Enter the amount of income and expenses from your Farm Business in 2009 on the lines below

**Principal Product** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**Employer ID Number:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_

**Business is owned by:**  TAXPAYER  SPOUSE    **Accounting Method:**  CASH  ACCRUAL  OTHER Specify \_\_\_\_\_

Did you materially participate in the business?  YES  NO    Is this the first year of the business?  YES  NO

Check for business type:  Sole Proprietor  Corporation  Partnership    Other, specify \_\_\_\_\_

Has the business filed with for an LLC?  YES  NO    If yes, indicate date filed and state \_\_\_\_\_

Income (Attach 1099's)	2009 Amount	Farm Equipment Purchased 2009	Cost
Sales of Livestock and other items		(List and attach copy of purchase invoices)	
Sales of Livestock, produce, etc you raised			
Co-op Distributions (1099-PATR)			
Taxable co-op distributions			
USDA program payments			
Taxable USDA program payments			
CCC Loans			
Crop Insurance Loans			
Custom hire			
Other Income:			
<b>EXPENSES:</b>			
Car and Truck Expenses		Machinery and equipment rental	
Chemicals		Land Rental	
Conservation expense		Other Rental	
Custom Hire (machine work)		Repairs and Maintenance	
Employee Benefit programs		Seeds and plants purchased	
Employee health insurance		Storage and Warehousing	
Feed purchased		Supplies purchased	
Fertilizers and Lime		Payroll Taxes	
Freight and Trucking		Other Taxes, specify _____	
Gasoline, fuel and oil		Utilities	
Other insurance		Veterinary, breeding, medicine	
Mortgage interest (Form 1098)		<b>Other Expenses (List below):</b>	
Other interest			
Labor hired			
Legal and Professional Fees			
Pension and profit sharing plans			

