SCH F - FARM INCOME & EXPENSES

Federal ID No. (If applicable)

PRODUCE & STOCK SALES - Raised on Farm

Kind	Amount
Cattle	
Brood Cows / Bull / Animals - Sold 2 yrs or older	
Total Cattle	
Hogs	
Tobacco	
Soybeans	
Other Grains	
Patronage Dividends - 1099 PATR	
Agriculture Program Payments	
Crop Insurance Proceeds	
Custom hire (machine work) income	
Other income, including fuel tax credit or refund	
TOTAL	

Sale of Livestock you bought for resale

Livestock Type	Date Bought	Cost	Selling Amount
TOTAL			

EQUIPMENT PURCHASED

	Amount

BROOD STOCK PURCHASED

	Amount

QUESTIONS FOR ACCOUNTANT?

FARM EXPENSES

	Amount
Car and truck expenses	
Chemicals	
Custom hire (machine work)	
Feed purchased	
Fertilizer and lime	
Freight and trucking	
Gasoline, fuel and oil	
Insurance (other than health)	
Interest Mortgage (paid to banks, etc.)	
Interest on other equip. & operating notes	
Labor hired	
Rent or lease vehicles, machinery and equip.	
Other (land, animals, etc.)	
Repairs and maintenance	
Seeds and plants purchased	
Storage and warehousing	
Supplies purchased	
Taxes	
Water, Elec. Tel. Cell Phone	
Office Exp. Postage, Supplies	
Veterinary, breeding and medicine	
Dues & Subscriptions	
Safety Deposit Box	
Legal, Accounting, Tax Prep.	
Other expenses (specify)	
TOTAL	

FARMERS FUEL TAX CREDIT

(Gas or Diesel Purchased at Service Station but used in Tractor, or off road)

Number of gallons of gasoline used

Number of gallons of diesel used

QUESTIONS

INCLUSIONS

I have included with this form: (please check)

- ❑ W2's
- ❑ 1098T
- ❑ 1099's
- ❑ 1099's MISC/NEC
- ❑ 1099 K
- ❑ 1095 A
- ❑ 1095 B
- ❑ 1095 C
- ❑ Purchase & Selling agreements for real estate, stocks, etc.

NOTICE: "You are required by law to keep records that will enable you to prepare a complete and accurate Income tax return. Although the law does not require any special form of records, you must retain all receipts, cancelled checks, and other evidence to prove amounts claimed as deductions. You must keep your records for as long as their contents may be material in administering any Internal Revenue Law."

Please refer your friends and neighbors to us.

THANK YOU - WE CARE

Appointment Date

Appointment Time

FILLING THIS OUT - HELPS US HELP YOU.

BROWN, BROWN AND ASSOCIATES, P.C.

Certified Public Accountants

Thank you for your referrals.

TAX ORGANIZER for 2022

SPRINGFIELD	NASHVILLE	KNOXVILLE	SEVIERVILLE
728 South Main	1321 Murfreesboro Pike, Suite 505	10410 Jackson Oaks Way	112 Parkway
Springfield, TN 37172 USA	Nashville, TN 37217 USA	Knoxville, TN 37922 USA	Sevierville, TN 37862 USA
Phone 615-384-8431	Phone 615-361-8204	Phone 865-673-9798	Phone 865-428-2824
Fax 615-384-7271	Fax 615-361-9910	Fax 865-531-3364	Fax 865-428-8880

Please visit our website for employees and individual email addresses

www.brownbrownandassociates.com

Filing Status: ❑ Single ❑ Head of Household ❑ Married - Filing Jointly ❑ Married - Filing Separately

YOUR PERSONAL INFORMATION

Name SS# Birthdate / / Occupation Cell #

Spouse's Name SS# Birthdate / / Occupation Cell #

Address

Dependents Full Name	Dependents SS#	Relationship	Birthdate

ESTIMATED TAXES PAID

Applied from 2021 tax return $

April 15, 2022 $

June 15, 2022 $

September 15, 2022 $

January 18, 2023 $

TOTAL $

Have Marketplace Insurance Yes / No

Have 1095- A Yes / No

e-mail address

WAGES AND SALARIES

Please make sure all W-2s are enclosed

Employer	Amount

RETIREMENTS & ANNUITIES

Please make sure all 1099R's are enclosed.

Payor	Amount

INTEREST INCOME - 1099 INT

Total	
Penalty on early withdrawals	

INDIVIDUAL RETIREMENT ACCOUNT - DEDUCTIONS

Payments made for current year - Regular	
Payments made for current year - Roth	

Have Pension Plan? Yes ❑ No ❑

Individual ❑ Spouse ❑

DIVIDEND INCOME - 1099 DIV

Payor	Amount

ADVANCE CHILD TAX CREDIT - YES OR NO

Need Amounts received per child	Amount

OTHER INCOME

		Amount
Commissions	1099-MISC	
Bonuses & Prizes		
Alimony received		
State Tax refund	1099 G	
Unemployment Compensation		
Gambling / Lottery	W2G	
Husband's Social Security/RR - 1099 SSA		
Wife's Social Security/RR - 1099 SSA		
Other (List)		
K-1's Form Ptrs, S-Corp, LLC		

CANCELLATION OF DEBT / 1099C

	Amount
Credit Cards or Other	
Mortgages	

SALES OF PROPERTY, STOCK, EQUIPMENT OR TIMBER

List below any buildings, land and/or equipment sold, 1099B/1099S	Date Purchased	Purchase Price	Date Sold	Sales Price

SCH A - DEDUCTIONS

MEDICAL

Doctors, Dentists, etc.	Mileage	Amount Paid
Total		
Total Medical Miles (.18)		

Drugs and Medications	
Private Health Insurance	

TAXES

	Amount Paid
State Income Tax	
Real Estate Tax	
Personal Property Tax	
Sales Tax, Vehicle, Boat, Home, Large Items	

INTEREST

	Amount Paid
Home Mortgage Interest - Financial Institutions	
Home Mortgage Interest - Individuals	
Other (List)	

CONTRIBUTIONS

	Amount Paid
Church	
Goodwill Industries	
Total	
Charitable Miles Traveled .14 per mile	
Total Contributions	

TEACHERS

Classroom Supplies	

HEALTH SAVINGS ACCOUNT - 1099SA

Self	Yes	No
Family	Yes	No
Amount we contributed to		$
		Amount
1099-SA		

EDUCATION CREDIT EXPENSES

	Amount Paid
Tuition Paid	
Fees Paid	
Books	
Student Loan Interest Paid	
MUST HAVE FORM 1098T - REQUIRED	

VARIOUS STATES ONLY

	Amount Paid
Travel	
Employee Business	
Misc. Deductions	

OVER ROAD TRUCKERS AND OUTSIDE SALES PERSONS

Days Out	

TRAVEL

Number of Business Miles Traveled	
Total Miles Driven this Year	
Make of Vehicle	
Year Purchased	

OFFICE IN HOME

Square Feet in Office	

EMPLOYEE BUSINESS EXPENSE

	Amount Paid
Fares for airplane, boat, bus, taxi, etc.	
Meals & Tips	
Lodging	
Laundry	
Other (List)	
Union Dues, Doby, Assessments	
Books, Publications and Subscriptions	
Uniforms	
Total	
Amount reimbursed to you	
Grand Total	

RENTAL INCOME

Type of Property and Address (List each property separately)	Amount Collected
(a)	
(b)	
(c)	
(d)	

RENTAL EXPENSES

	(a) Amount	(b)	(c)	(d)
Advertising				
Auto & Travel				
Cleaning & Maintenance				
Commissions				
Insurance				
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest				
Pest control				
Repairs				
Supplies				
Taxes				
Utilities				
Other (list)				
TOTAL				

CHILD CARE CREDIT

Name of Qualifying Person	Date of Birth	Relationship	Length of Time Lived with You

	ID# or SS#	Relationship (if Any)	From	To	Paid
Person or Organization Caring for Child					
Name and Address					

Service Stations, Markets, Various Stores, Self Employed, Over Road Truckers, Hair Salons, Car Sales, etc.

SCH C / SMLLC PROFIT OR LOSS FROM BUSINESS - 1099 NEC
BUSINESS INCOME AND EXPENSES

Name of Business	
Federal ID #	

BUSINESS SALES AND INCOME	Amount
Gross Receipts from Business (Money you took in)	
Inventory on Hand - Beginning of Year	
Merchandise Purchased for Resale	
Inventory on Hand - End of Year	

AUTO/TRUCK MILEAGE

EQUIPMENT PURCHASED	Amount

HEALTH INSURANCE PAID - OWNER	
HEALTH INSURANCE PAID - EMPLOYEES	

	Y	N
Sole Proprietor		
Single Member LLC		

BUSINESS EXPENSES (What you Paid Out)	Amount
Advertising	
Car and truck expenses (Actual)	
Commissioned Fees Paid	
Insurance	
Interest mortgage (paid to banks, etc.)	
Interest - Paid to Others	
Legal, Accounting, Tax Return Prep. Fees	
Office Expenses	
Rent or Lease of Land & Buildings	
Rent Vehicles, Machinery, and Equipment	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Meals	
Utilities, Telephone, Cell phone	
Wages	
Payroll Taxes	
Other Expenses (List type and amount)	
TOTAL BUSINESS EXPENSES	