

SALES OF BREEDING STOCK OR EQUIPMENT:

Description of Items Sold	Date of Purchase	Date Sold	Net Sale Price	Depreciation Allowed	Cost	Gain or (Loss)

NEW & USED EQUIPMENT OR BREEDING STOCK PURCHASED:

Description of Items Purchased	Date of Purchase	Purchased from a Relative?	New or Used	Description of Items Traded (if any)	Cost or Boot Given

LAND PURCHASED & IMPROVEMENTS

MISCELLANEOUS INFORMATION:

Health Insurance Premiums Paid \$ _____

FORMS 1099:

***Did you make any payments this year that would require you to file Form(s) 1099? Yes _____ or No _____

If yes, did you or will you file all required forms 1099? Yes _____ or No _____

CROP INSURANCE PROCEEDS: If you received crop insurance proceeds during the year, please complete the following information and attach Form 1099:

Crop Destroyed: _____
 Date of Loss: _____
 Cause: _____
 Insurance Company: _____
 Date Check Received _____
 Amount of Check _____
 Were Premiums Withheld from loss? _____

GAS GALLONS:

Non-highway gallons of gas purchased during the year on which federal tax was paid:

Gasoline Purchased: _____ gallons Gasohol Purchased: _____ gallons

PLANNING INFORMATION:

Year-end inventories on hand:

Corn _____ Bu.
 Beans _____ Bu.
 Milo _____ Bu.
 Other _____ Bu.

Livestock:
 Cattle _____ No. Head
 Hogs _____ No. Head