Calculating Farm or Self-Employment Income

Persons engaged in farming or who operate other types of private business where cash flow varies throughout the year, making it impossible to predict income with any accuracy, may use their income tax records for the preceding calendar year and adjust for the current year.

Any adjustments made for the current year must be substantiated with documents for verification purposes. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income.

If you have additional income from other sources, this income must be treated as separate and apart from the income generated from your business or farm venture.

The information for arriving at allowable income from a private business operation may be taken from the Income Tax Return - 1040 Form.

Tax Form 1040: Line 7a

Supporting Documents for form 1040
Business: Schedule C, using Line 31.
Farm: Schedule F, using Line 34.

Schedule 1: Shows same totals as the pertinent Schedule C or F, transferred to form 1040.

Filing Status	<u> </u>				_	
Check only one box.	Single Married filing jointly If you checked the MFS box, enter the na a child but not your dependent. ▶	Married filing sepa	• ' '	Head of housel	` ' —	alifying widow(er)(QW) f the qualifying person is
Your first name	e and middle initial	Last name				Your social security number
If joint return, s	spouse's first name and middle initial	Last name				Spouse's social security numbe
Home address	s (number and street). If you have a P.O. box,	see instructions.			Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filin
City, town or po	ost office, state, and ZIP code. If you have a f	oreign address, also	o complete spa	aces below (see instru	uctions).	jointly, want \$3 to goto this fund. Checking a box below will not change you tox or refund. You Spouse
Foreign country	y name	foreign p	orovince/state	/county	foreign postal code	If more than four dependents, see instructions and ✓ here ▶
Standard	Someone can claim: You as a depen	dent Your	spouse as a c	ependent		
Deduction	Spouse itemizes on a separate return	or you were a dual-s	status alien			
ge/Blindness	You: Were born before January 2, 19	Are blind	Spouse:	Was born befo	re January 2, 1955	Is blind
ependents (se	ee instructions):	(2) Social sec	curity number	(3) Relationship to yo	` `_	f qualifies for (see instructions):
(1) Firstname	Lastname		! ! !		Child tax	credit Credit for other dependent
			; 			
			! ! !			
			i			
			I .			
			ı			
	1 Wages, salaries, tips, etc. Attach Fo	rm(s)W-2				. 1
	1 Wages, salaries, tips, etc. Attach Fo2a Tax-exempt interest	rm(s)W-2		b Taxable interest.	Attach Sch. B if req	
andard	3	, , , ,			Attach Sch. B if req	uired 2b
eduction for—	2a Tax-exempt interest	2a			·	uired 2b
eduction for— Single or Married	2a Tax-exempt interest	2a 3a		b Ordinary dividend	·	uired 2b quired 3b
eduction for— Single or Married filing separately, \$12,200	2a Tax-exempt interest3a Qualified dividends4a IRA distributions	2a 3a 4a		b Ordinary dividendb Taxable amount	·	quired 2b quired 3b 4b
eduction for— Single or Married iling separately, 512,200 Married filing	2a Tax-exempt interest	2a 3a 4a 4c 5a ule D if required. If n	oot required, ch	b Ordinary dividendb Taxable amountd Taxable amountb Taxable amount	·	uired 2b quired 3b 4b 4d
eduction for— Single or Married iling separately, \$12,200 Married filing ointly or Qualifying widow(er),	2a Tax-exempt interest	2a 3a 4a 4c 5a Jule D if required. If n	• •	b Ordinary dividendb Taxable amountd Taxable amountb Taxable amount	·	quired 3b 4b 4d 5b Use
eduction for— Single or Married Jiling separately, 512,200 Married filing ointly or Qualifying widow(er), 524,400 Head of	2a Tax-exempt interest	2a		b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount eck here	ds. Attach Sch. B if re	uired 2b quired 3b 4b 4d 5b
eduction for— Single or Married filing separately, \$12,200 Married filing iointly or Qualifying widow(er), \$24,400 Head of household,	2a Tax-exempt interest	2a 3a 4a 4c 5a lle D if required. If n 9	al income	 b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount 	ds. Attach Sch. B if re	quired 3b 4b 4d 5b Use
eduction for— Single or Married Jiling separately, S12,200 Married filing ointly or Qualifying widow(er), S24,400 Head of Journel of Indiana of Journel of Indiana Journel of Indiana Journel of Indiana Journel of Indiana	2a Tax-exempt interest	2a 3a 4a 4c 5a lle D if required. If n 9	al income	b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount eck here	ds. Attach Sch. B if re	quired 2b quired 3b 4b 4d 5b Use 7b
eduction for— Single or Married Jiling separately, \$12,200 Married filing ointly or Qualifying widow(er), \$24,400 Head of nousehold, \$18,350 f you checked any box under	2a Tax-exempt interest	2a 3a 4a 4c 5a lle D if required. If n 9	al income	b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount eck here	ds. Attach Sch. B if re	quired 3b 4b 4d 5b Use Do Not
eduction for— Single or Married Jiling separately, S12,200 Married filing widow(er), S24,400 Jead of Josephold, S18,350 Figure of the same of the sam	2a Tax-exempt interest	2a 3a 4a 4c 5a ule D if required. If n 9	tal income	b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount eck here	ds. Attach Sch. B if re	quired 2b quired 3b 4b 4d 5b Use 7b
eduction for— Single or Married filing separately, \$12,200 Married filing widow(er), \$24,400 Head of household, \$18,350 ff you checked any box under Standard Deduction,	2a Tax-exempt interest	2a 3a 4a 4c 5a lle D if required. If n 9 17a. This is your tot ale 1, line 22 e 7b. This is your acceptance (from Scientific Sc	dal income djusted gross	b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount eck here	ds. Attach Sch. B if re	quired 3b 4b 4d 5b Use Do Not
tandard eduction for— Single or Married filing separately, \$12,200 Married filing widow(er), \$24,400 Head of household, \$18,350 If you checked any box under Standard Deduction, see instructions.	2a Tax-exempt interest	2a 3a 4a 4c 5a lle D if required. If n 9 17a. This is your tot ale 1, line 22 e 7b. This is your acceptance (from Scientific Sc	dal income djusted gross	b Ordinary dividend b Taxable amount d Taxable amount b Taxable amount eck here	ds. Attach Sch. B if re	quired 2b quired 3b 4b 4d 5b Use Do Not

Form 1040 (201	9)							Page 2
	12a	Tax (see inst.) Check if any from Fo	orm(s): 1 8814 2	4972	3 🗍	12a		
	b	Add Schedule 2, line 3, and line	12a and enter the total	— al			. ► 12b	
	13a	Child tax credit or credit for oth	erdependents			13a		
	b	Add Schedule 3, line 7, and line	·				. • 13b	
	14	Subtract line 13b from line 12b.					14	
	15	Other taxes, including self-emplo						
	16	Add lines 14 and 15. This is you	•					
	17	Federal income tax withheld from						
• If you have a	18	Other payments and refundable	e credits:					
o ii you nave a		. ,						
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC) .				18a		
If you have	b	Additional child tax credit. Attac	h Schedule 8812 .			18b		
nontaxable combat pay, see	С	American opportunity credit from	m Form 8863, line 8			18c		
instructions.	d	Schedule 3, line 14				18d		
	е	Add lines 18a through 18d. The	se are your total othe	rpayments	and refundable cred	lits	. • 18e	
	19	Add lines 17 and 18e. These are	e your total payments	.			. 🗗 19	
Refund	20	If line 19 is more than line 16, su	btract line 16 from line	19. This is t	the amount you over	oaid	20	
	21a	Amount of line 20 you want refu	unded to you. If Form	8888 is atta	ched, checkhere .		21a	
Direct deposit? See instructions.	► b	Routing number			► c Type:	Checking Sav	vings	
	► d	Account number						
	22	Amount of line 20 you want app				22		_
Amount	23	Amount you owe. Subtract line					. • 23	
You Owe	24	Estimated tax penalty (see instr	ŕ			24		
Third Party Designee	Do	you want to allow another person	n (other than your paid	preparer) to	discuss this return w	ith the IRS? See instr	uctions.	Yes. Complete below.
(Other than	Des	ignee's		Phone		Personal	identification	
paid preparer)		me ►		no. ►		number (F	PIN)	
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of preparation						e and belief, they are true,
Here		our signature	Da		Your occupation	, , ,		ent you an Identity
	10	di signature	De	ito	Tour occupation		Protection I	PIN, lenter it here
Joint return?							(see inst.)	
See instructions. Keep a copyfor	Sp	ouse's signature. If a joint return,	both must sign. Da	ite	Spouse's occupat	on		ent your spouse an tection PIN, enter it here
your records.							(see inst.)	
								1 🗖
	Ph	one no.	Fn	nail address				
		eparer's name	Preparer's signature			Date P	TIN	Check if:
Paid			, 5					3rd Party Designee
Preparer								
Use Only	Fir	m's name ▶				Phone no.		Self-employed
Jac Only	Fir	m's address ►					Firm's EIN	>
Go to www.irs.g	gov/Forr	m1040 for instructions and the late	est information.					Form 1040 (2019)

SCHEDULE 1

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

21

22

1040-SR, line 8a

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment

Name(s) shown on Form 1040 or 1040-SR Your social security number At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . Part I Additional Income 1 2a 2a Date of original divorce or separation agreement (see instructions) ▶ Use line 3 3 4 4 5 Rental real estate, royalties, partnerships, Scorporations, trusts, etc. Attach Schedule E. 5 6 Use line 7 8 Other income. List type and amount ▶ 8 9 9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a Part II Adjustments to Income 10 10 Educator expenses 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 12 12 13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 15 16 16 17 17 18a 18a b Date of original divorce or separation agreement (see instructions) ▶ 19 IRA deduction 19 20 20

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

21

SCHEDULE C (Form 1040 or 1040-SR)

$\begin{array}{ccc} \textbf{Profitor Loss From Business} \\ \text{(Sole & Proprietors hip)} \end{array}$

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Sequence No. 09

Name of proprietor S						Social security number (SSN)					
A	Principal business or profession, including product or service (see instructions)						B Enter code from instructions ▶				
С	Business name. If no separate	e business name, leave blank.			D Emp	loyer I	ID nur	nber ((EIN) (se	e instr.)	
E	Business address (including s			ш							
	City, town or post office, state										
F	Accounting method: (1)	Cash (2) Accrual (3	(3) 🔲 🔾	other(specify) ►							
G	Did you "materially participate	e" in the operation of this business	s during 2	2019? If "No," see instructions for lir	nit on	losses	S.	. 🖺	Yes	N	0
H I	If you started or acquired this business during 2019, check here										
J Part	If "Yes," did you or will you file Income	required Forms 1099?							Yes	N	lo
1	Gross receipts or sales. See it	nstructions for line 1 and check the	ne box if t	this income was reported to you on							
	-				1						
2						-					_
3								—			_
4 5											_
6				efund (see instructions)							_
7	Gross income. Add lines 5 a	_			7	1					_
Part		oensesfor businessuse of yo	our hom	ne only on line 30.							
8	Advertising	8	18	Office expense (see instructions)	18	}					_
9	Car and truck expenses (see		19	Pension and profit-sharing plans	19)					
	instructions)	9	20	Rent or lease (see instructions):							
10	Commissions and fees .	10	а	Vehicles, machinery, and equipment	20						
11	Contract labor (see instructions)	11	_ b	Other business property							_
12 13	Depletion	12	21	Repairs and maintenance							
	expense deduction (not		22 23	Supplies (not included in Part III) Taxes and licenses							—
	included in Part III) (see instructions).	13	24	Travel and meals:	2.0						_
14	Employee benefit programs			Travel	24	a					
	(other than on line 19).	14	b	Deductible meals (see							
15	Insurance (other than health)	15		instructions)	24	b					
16	Interest (see instructions):		25	Utilities	25	<u>; </u>					
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)		_					_
_ b	Other	16b	27a	Other expenses (from line 48).							_
17	Legaland professional services	17	<u>b</u>	Reserved for future use	27						
U28 29	Tentative profit or (loss). Subt			8 through 27a	28						—
30	' '			uses elsewhere. Attach Form 8829		+					_
00	unless using the simplified me	•	se expen	ises elsewhere. Attach i onn ooza							
	•	y: enter the total square footage of	f: (a) you	ırhome:							
	and (b) the part of your home	used for business:		. Use the Simplified							
	Method Worksheet in the instructions to figure the amount to enter on line 30										_
31	Net profit or (loss). Subtract	line 30 from line 29.				Use	e th	is lir	ne		
		chedule 1 (Form 1040 or 1040-S		•							>
	•	ne 2. (If you checked the box on line	ine 1, se	e instructions). Estates and	31				_		_
	trusts, enter on Form 1041, lin										
22	If a loss, you must go to lin If you have a loss shock that		atin this)							
32	-	box that describes your investmen									
	•	r the loss on both Schedule 1 (F on Schedule SE, line 2. (If you ch		,, , ,	32	а 🗌 /	All in	vest	ment i	at risl	k.
		trusts, enter on Form 1041, line 3.		TO DONOTHING 1, SEE THE INC	32	~ _			estme	nt is no	ot
	If you checked 32b, you mu	mited.		á	at ris	K.					

Part	Cost of Goods Sold (see instructions)			
	· · · · · · · · · · · · · · · · · · ·			
33	Method(s) used to			
	value closing inventory: a Cost b Lower of cost or market c Other (at	tach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor	-	v	N-
	If "Yes," attach explanation		☐ Yes	☐ No
25	Inventory at hearinging of year If different from last year's placing inventory attach evaluation	اعدا		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
	•			
37	Cost of labor. Do not include any amounts paid to yourself	37		
Mate	erials and supplies	38		
041-		39		
Otne	er costs	39		
Add	lines 35 through 39	40		
	3 · · ·			
Inve	ntory at end of year	41		
42 Par	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	/ OV DODO OO OF	lino O
Par	Information on Your Vehicle. Complete this part only if you are claiming car o and are not required to file Form 4562 for this business. See the instructions for			
	file Form 4562.	IIIIC IX	o to find out i	you must
43	When did you place your vehicle in service for business purposes? (month, day, year)	/		
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your	vehicle	for:	
а	Business b Commuting (see instructions) c Ot	her		
-	3 (
45	Was your vehicle available for personal use during off-duty hours?		. Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?.		. L Yes	∐ No
47a	Do you have evidence to support your deduction?		☐ Yes	□No
41 a	Do you have evidence to support your deduction?		. 🗀 103	
b	If "Yes," is the evidence written?		. 🗌 Yes	☐ No
Par	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30.		
		·		
		L		
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE F (Form 1040 or 1040-SR)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065. Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleF for instructions and the latest information.

Attachment Sequence No. 14

OMB No. 1545-0074

Name	of proprietor						Social security number (SSN)
A Pi	incipal crop or activity	В	Enter code from P	art IV	C Accounting met		D Employer ID number (EIN) (see instr.)
E Di	d you "materially participate" in the operation	on of th	is business during :	2019? If "I	No," see instructions f	or limit on	passive losses Yes No
	Yes No						
G If "Yes," did you or will you file required Form(s) 1099?							
Pa						te Parts	II and III, and Part I, line 9.)
1a							
b		tems re	eported on line 1a.		1b		
٥							1c
2	Sales of livestock, produce, grains, and		1 -				2
3a					3b Taxable am		3b
4a					4b Taxable am	ount .	4b
5a			. 5b	п			5a
6 6	Crop insurance proceeds and federal cro			ineta estica		ount .	Sc
		p uisa	1 -	IIISII UCUO	6b Taxable am	ount	6b
a				• [6d Amount def		
7	Custom hire (machine work) income .					erred iroi	7
8	Other income, including federal and state						
9	Gross income. Add amounts in the rig				,		
	accrual method, enter the amount from I						
Pal							
10	Car and truck expenses (see			23	Pension and profit-sh	aring plar	ns 23
	instructions). Also attach Form 4562	10		24	Rent or lease (see inst	tructions)	:
11	Chemicals	11		а	Vehicles, machinery, e	equipmen	t 24a
12	Conservation expenses (see instructions)	12		ь	Other (land, animals,	etc.)	24b
13	Custom hire (machine work)	13		25	Repairs and maintena	nce	25
14	Depreciation and section 179 expense			26	Seeds and plants .		26
	(see instructions)	14		•	Storage and warehou		
15	Employee benefit programs other than			28	Supplies		
	on line 23	15		29	Taxes		
16	Feed	16		•	Utilities		
17	Fertilizers and lime	17		1	Veterinary, breeding,		cine . 31
18	Freight and trucking	18		32	Other expenses (spec	rty):	22-
19	Gasoline, fuel, and oil	19		a			32a
20 21	Insurance (other than health) Interest (see instructions):	20		ь			32b 32c
		21a		c			32d
a b	0.0	21b		. е			32e
22	Other	22		f			32f
33	Total expenses. Add lines 10 through 3:		e 32f is negative se		ions		. > 33
34	Net farm profit or (loss). Subtract line 3						34
	If a profit, stop here and see instructions						
35	Reserved for future use.			,			
36	Check the box that describes your inves	tment i	n this activity and s	ee instruc	tions for where to repo	ort your lo	988:
а			Some investment is				

Part	Farm Income - Accrual Method (see instructions).	•
37	Sales of livestock, produce, grains, and other products (see instructions)	37
38a	Cooperative distributions (Form(s) 1000-PATR) . 38a 38b Taxable amount	38b
30a	Agricultural program payments	396
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a
ь	CCC loans forfeited	40c
41	Crop insurance proceeds	41
42	Custom hire (machine work) income	42
43	Other Income (see Instructions)	43
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797	
46	Cost of livestock, produce, grains, and other products purchased during the year 48	
47	Add lines 45 and 46	
48	Inventory of livestock, produce, grains, and other products at end of year	
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 ▶	50

Principal Agricultural Activity Codes Part W



Do not file Schedule F (Form 1040 or 1040-SR) to report the following.

Income from providing agricultural services such as

management for a fee or on a contract basis, instead, file Schedule C (Form 1040 or 1040-SR).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, file Schedule C (Form 1040 or
- · Sales of livestock held for draft, breeding, sport, or dairy purposes, Instead, file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Ollseed and grain farming 111210 Vegetable and melon farming 111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production 112400 Shoop and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber fracts).

If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.