

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID Number _____

Description _____

This farm was disposed of during 2024

Income

	2024	2024
Income from production of livestock, produce, grains, & other crops	_____	Crop insurance proceeds:
Total cooperative distributions	_____	Amount received in 2024
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2025
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2023
CCC loans reported	_____	Other income
CCC loans forfeited	_____	_____

Expenses

	2024	2024
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 & equipment	_____	_____
Rent - other (land, animals, etc.)	_____	_____
Repairs & maintenance	_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|---|

Mileage

Number of miles the vehicle was driven during 2024

Business _____	Other _____
Commuting _____	

Expenses

Garage rent _____	Repairs _____
Gas _____	Tires _____
Insurance _____	Tolls _____
Licenses _____	Lease addback _____
Oil _____	Other expenses
Parking fees _____	_____
Rental fees _____	_____
Interest _____	_____
Property tax _____	_____

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

Home expenses

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.

