



TaxTeam

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INSTRUCTIONS FOR PERSONAL RETURNS WITH FARM INCOME – Non-AgriStability (Non-CAIS) Registrants (T2042)

- ◆ Your tax preparer does not need to see all your receipts for your farming operation. An income statement (see attached worksheets) is sufficient.
- ◆ There will be additional charges for the preparation of a farming income statement from your source documents, if you prefer that we perform that work for you.
- ◆ Complete all of the attached schedules that apply to you.
- ◆ Bring in all personal (non-farming income) tax slips and forms (T4's, RRSP receipts, etc.)

Name: _____ Tax Year _____

Farm Name, if any: _____ Street Address: _____

City _____ Province _____ Postal Code _____

Type of Farm (Check One) NAICS Code NAICS Code

Livestock & Crop Combination 112991 Cattle Only 112110

Oilseeds Only 111120 Hay Only 111940

Pulse Only (Peas, Beans, Lentils) 111130 Crop Combinations 111999

Total Acres Owned/Rented: _____ Total Acres Farmed: _____

Ownership: 100% _____% Partners: _____%

_____%

FARM

INCOME Source \$ Sales

Wheat (all types including CWB Interim/Final Payments) _____
 Oats _____
 Barley _____
 Canola _____
 Flax _____
 Other Grains/Oilseeds _____
 Hay (Forage Crops) _____
 Cattle _____
 Pigs (Swine) _____
 Sheep/Lambs _____
 Other Animals _____
 Crop Insurance _____
 Other Program Payments _____
 Rebates _____
 Contract work performed/
 Machines Rented to Others _____
 Insurance Proceeds _____
 Patronage Dividends (on farm inputs) _____
 Other: _____
 Other: _____

Total Farm Income \$ _____

FARM

EXPENSES	Category	\$ Expense
	Containers & Twine	_____
	Fertilizers and Lime	_____
	Pesticides/Chemicals	_____
	Seeds and Plants	_____
	Feed, Supplements, Straw, Bedding, Hay	_____
	Livestock Bought	_____
	Veterinary, Medicine & Breeding Fees	_____
	Machinery Expenses	
	- Repairs, Licenses, & Insurance	_____
	- Gasoline, Diesel, Fuel and Oil	_____
	Building and Fence Repairs	_____
	Clearing, Levelling, & Draining Land	_____
	Crop Insurance Premiums Paid	_____
	Custom or Contract Work and	
	Machinery Rental Costs	_____
	Electricity	_____
	Heating Fuel	_____
	Other Insurance Premiums	_____
	Interest	_____
	Office Expenses	_____
	Legal and Accounting Fees	_____
	Property Taxes	_____
	Rent (land, buildings, and pasture)	_____
	Salaries, Wages, & Benefits	
	(including employer's contributions)	_____
	Motor Vehicle Expenses	
	(not including Capital Cost Allowance)	_____
	Small Tools	_____
	Mandatory Inventory Adjustm't (prior year)	_____
	Optional Inventory Adjustment (prior year)	_____
	Private Health Plan Premiums (family)	_____
	Other: _____	_____
	Other: _____	_____
	Other: _____	_____

Total Expenses**\$** _____

SUPPORTING SCHEDULES

MOTOR VEHICLE EXPENSES – For Vehicles Used 100% for Farm Business

Fuel (gas, propane, oil)	\$ _____
Repairs and Maintenance	\$ _____
Insurance	\$ _____
Plates	\$ _____
Interest Expense on money borrowed to purchase motor vehicle	\$ _____
Lease payments	\$ _____
Car Washes	\$ _____
Parking	\$ _____
Other: _____	\$ _____
TOTAL MOTOR VEHICLE EXPENSE	\$ _____

AUTOMOBILE EXPENSES

For Vehicles NOT used 100% for Farming Operations

	Vehicle #1	Vehicle #2
Make of Vehicle:	_____	_____
Model of Vehicle:	_____	_____
Year of Vehicle:	_____	_____
Total Kilometers driven in Tax Year, For farm-related business	_____	_____
Total Kilometers driven in Tax Year	_____	_____
Fuel (gas, propane, oil)	_____	_____
Repairs and Maintenance	_____	_____
Lease Payments, if car is leased	_____	_____
Car Washes	_____	_____
Insurance	_____	_____
Plates	_____	_____
Interest Expense (on money borrowed to purchase car)	_____	_____
Other: _____	_____	_____
Parking (not pro-rated)	_____	_____
TOTAL	\$ _____	\$ _____

Capital Cost Allowance

1. Did you use this vehicle for farm business in previous tax year? *If Yes, bring in prior year tax return.*

Vehicle #1
 Yes No

Vehicle #2
 Yes No

2. Did you purchase this automobile in tax year?

Yes No

Yes No

If Yes, Date Acquired: _____

Total Cost: \$ _____

\$ _____

\$ _____

INVENTORY ADJUSTMENTS FOR THE CURRENT YEAR

Optional? No Yes Amount: \$ _____

Mandatory? No Yes Amount: \$ _____

BUSINESS USE OF HOME

Area Used to Conduct Farm Business (Segregated Area, e.g. Office) _____

Total Area of Home _____

Expenses:

Heat _____

Electricity _____

Insurance _____

Maintenance _____

Mortgage interest _____

Property Taxes _____

Sewer & Water _____

House Phone, Cable, Internet _____

Other Expenses: _____

Total \$ _____

CAPITAL COST ALLOWANCE

Have you claimed CCA (depreciation) on capital assets in prior years? Yes No

If yes, please bring a copy of your prior year tax return to TaxTeam.

Capital Assets Purchased in tax year (Buildings, Equipment, machinery, Vehicles, etc.):

Class*	Type	Date Acquired	Cost	% Business Use
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Capital Assets Sold/Traded/Disposed of in tax year:

Class*	Type	Date Sold	Proceeds (Net)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Class column is for TaxTeam to complete