

Rental Income and Expenses

Name: _____ Tax Year: _____

Property Location: _____ Property Type: _____

Check property owner: ☐ Taxpayer ☐ Spouse ☐ Joint

Ownership Percentage (if not 100%): _____

Yes No

If not 100%, are you reporting 100% of the income and expenses? ☐ Yes ☐ No

Check this box if some of this investment was **not** at-risk ☐ Yes ☐ No

Did you have personal use of this rental property? ☐ Yes ☐ No

If **yes**, enter number of days: Rented _____ Personal use _____ Owned _____

Does this rental have multiple living units and you live in one of the units? ☐ Yes ☐ No

If **yes**, enter percentage of rental use: _____ %

Did you actively participate in this property's management? ☐ Yes ☐ No

Did you materially participate in this property's management? ☐ Yes ☐ No

Did you fully dispose of this property? ☐ Yes ☐ No

INCOME	Total (list at 100%)
Rent Received:	
EXPENSES	Total (list at 100%)
Advertising:	
Automobile:	
Travel:	
Cleaning and maintenance:	
Commissions:	
Insurance:	
Legal and professional fees:	
Management fees:	
Mortgage interest paid to banks (provide form 1098):	
Other interest:	
Repairs:	
Supplies:	
Real estate taxes:	
Other taxes:	
Utilities:	
Gardening:	
Licenses and permits:	
Painting and decorating:	
Pest control:	
Telephone:	
Trash removal:	
Other expenses (i.e. appliances, new equipment, etc..):	
a.	
b.	
c.	
d.	