

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.	