

RENTAL INCOME / EXPENSE

NAME _____ **SS#** _____

T= Taxpayer
S= Spouse
J= Joint

If you do not take an active part in the operation of the property.
 Number of days rented during year? _____
 Number of days you or your family member resided at location? _____

T S J	Property Code	Date Acq.	Description of Property	Location
	A			
	B			
	C			
	D			

INCOME	A	B	C	D
Rents Received				
Deposits Received				
Other:				
EXPENSES				
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning/Maintenance				
Yard/Snow Removal				
Rubbish Hauling/Trash				
Supplies				
Fuel				
Electricity				
Water/Sewer				
Wages/Labor				
Management Fees (Commissions)				
Homeowners Assoc. Dues				
Travel Expense (Detail)				
Total Miles Driven	#	#	#	#
Auto Travel Mileage	Jan. – June	#	#	#
	July – Dec.	#	#	#
Telephone				
Advertising				
Legal & Professional				
Repairs - Painting				
- Plumbing				
- Electrical				
- Appliances				
-				
Refunds				
Other:				
Personal Use (Percent or Amount)	%	%	%	%

Comments/Questions _____

List on back, purchases of furniture, appliances, equipment and major property improvements.

NEW EQUIPMENT/CAPITAL IMPROVEMENTS

If during the year you purchased Equipment, Furniture, Vehicles or made Property Improvements, list below (do not duplicate on other side).

Description	Property Code	Date	Cost	Asset Was		If Trade-In Involved	
				New	Used	Description	Allowance

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

Description	Property Code	Date Acquired	Original Cost	Date Disposed of	Describe Means of Disposal	Amount Received