



Complete a separate worksheet for each rental property.

Your Name:

PHYSICAL ADDRESS (Rental)

Street

State

County

Zip Code

Total Income:

Type of Property: *(select one)*

- | | |
|---|---|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Self-Rental |
| <input type="checkbox"/> Vacation/Short Term Rental | <input type="checkbox"/> Multi-Family Residence |
| <input type="checkbox"/> Land | <input type="checkbox"/> Commercial |

If not a full year rental (365 days), indicate when it started

& ended

Collect the following information and expense amounts for the above property:

- | | | | |
|--|----------------------|---|----------------------|
| <input type="checkbox"/> Accounting: | <input type="text"/> | <input type="checkbox"/> Mortgage interest paid: | <input type="text"/> |
| <input type="checkbox"/> Advertising: | <input type="text"/> | <input type="checkbox"/> Other interest: | <input type="text"/> |
| <input type="checkbox"/> Cleaning and maintenance: | <input type="text"/> | <input type="checkbox"/> Utilities: | <input type="text"/> |
| <input type="checkbox"/> Commissions: | <input type="text"/> | <input type="checkbox"/> Property Taxes: | <input type="text"/> |
| <input type="checkbox"/> Insurance: | <input type="text"/> | <input type="checkbox"/> Repairs: | <input type="text"/> |
| <input type="checkbox"/> Legal & Professional: | <input type="text"/> | <input type="checkbox"/> Supplies: | <input type="text"/> |
| <input type="checkbox"/> Management Fees: | <input type="text"/> | <input type="checkbox"/> Other (provide details): | <input type="text"/> |

Additional Details:

Document Checklist

Prior year depreciation schedules – New clients only		1098: Mortgage Interest Statement	
Secured and supplemental property tax bills		Rental management statements (if applicable)	