

Property Owner Name: _____ SSN (Last 4): _____ Tax Year: _____

Rental Property Address: _____

Personal Days Used: _____ Days Rented _____ Was the property sold or purchased this year?
Yes / No (circle one) If Yes, provide closing documents. Date Sold/Purchased: _____

Rental Income

1099-MISC Rental Income: \$ _____ Deposits Received: \$ _____

Rent Not Reported on 1099-MISC: \$ _____ Deposits Refunded: \$ _____

Total Rental Income: \$ _____

Rental Expenses

Advertising	\$ _____	Taxes	\$ _____
Cleaning/ Maintenance	\$ _____	Utilities	\$ _____
Commission Paid	\$ _____	Cell Phone	\$ _____
Insurance	\$ _____	Bank / CC Fees	\$ _____
Legal & Professional	\$ _____	Home Assoc. Dues	\$ _____
Management Fees	\$ _____		\$ _____
Mortgage Interest	\$ _____		\$ _____
Repairs	\$ _____		\$ _____
Supplies	\$ _____		\$ _____

Improvements & Equipment Purchased

(Structural Improvements to rental property. Equipment items have a useful life of more than one year. Do not include these items in any other section)

Item Purchased: _____ Date Purchased / Total Paid: _____ / \$ _____

Item Purchased: _____ Date Purchased / Total Paid: _____ / \$ _____

Mileage

Year, Make, and Model of Vehicle: _____

Business Miles Driven: _____ Personal Miles Driven: _____ Total Miles Driven: _____

Auto Loan Interest Paid: _____ Personal Property Tax: _____

Parking Fees / Tolls: _____ Do you have another vehicle for use? YES / NO (circle one)

Home office Expenses

Do you have a home office available anywhere other than your home? YES / NO (circle one)

Square footage of Home: _____ Square footage of Office: _____

Utilities: _____ Rent/Mortgage/Property Taxes: _____

Insurance: _____ Home Office Repairs/Maintenance: _____

(Utilities Include: Electric, Water, Gas, Water, Sewer, etc. Do not include cell or internet)

1099's Distributed

Total annual (yearly) payments of \$600 or more to individuals for services related to your business. 1099's must be filed with the IRS by January 31.

Name	Amount	Purpose of Payment
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

I certify that the information above is true and I have receipts to prove my expenses to the IRS, if needed.

TP Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

(Attach additional sheets if needed)