

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 )**