

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)				
Auto Travel Mileage	#	#	#	#
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.

