

RENTAL INCOME / EXPENSE

SS#

NAME

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= Taxpayer
S= Spouse
J= Joint

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