

RENTAL INCOME / EXPENSE

NAME		SS#					
T= Taxpayer S= Spouse J= Joint		X 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)							
Total Miles Driven			#	#	#	#	
Auto Travel Mileage	Jan. - June		#	#	#	#	
	July - Dec.		#	#	#	#	
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.

